20 0

PLACE OF DEATH County Howard	04464 STATE OF MARYLAND CERTIFICATE OF DEATH
Fllicott City, Md.	Registration Dist. No.
Village or City (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCEOMETTIE (Write the word)	16 DATE OF DEATH APRIL 9th , 1920
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
August 31st , 1859 (Month) (Day) (Year	that I last saw halive on, 192,
7 AGE 7 yrs. 7 mos. 9 ds. or min	rs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or House wife particular kind of work	Acute Tilatetion of the hourt
business, or establishment in which employed or (employer)	Contributory Chronic Lyocarditis
(State or country) Ponnsylvania 10 NAME OF James TO Mey	(Signed) Frank lo Megisloshiony acting Downer M.D.
OF FATHER (State or country) II BIRTHPLACE OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
C 12 MAIDEN NAME OF MOTHER UNKNOWN	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Unknown	At place of death yrs des. At place of death yrs des. In the State yrs des.
(Informant)	Where was disease contracted, if not st place of dea.h? Former or usual residence
(Address) Ellicott City, Md.	19 PLACE OF PURIAL OR REMOVAL & DATE OF BURIAL (AN. 12)19 30)
Filed Apr // h 1924 AwaRolly	Laston Sous Elled Cit
If more banks are needed, addre.s Ltate Kegist	rar, 16 W. Saratoga St., Balto., Lequesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the L'hysician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to c:ch and every person, irrespective of Spinner, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The materia Laborer-Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Synhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopueumonia ("Pneumonia,");

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Liaemorrnage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PARENTS

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BINDING	PENANENT	thould be state it it may be prop is on back of ce
FOR	IS A	AGE tha
MARGIN RESERVED FOR BINDING	WRITE. AINLY, WITH UNFADING INKTHIS IS A PLANANENT CORD	-Every Item of information should be carefully supplied. ACE thould be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate.
	WRITE	CIANS should statement of

PLACE OF DEATH	- 05
County Homard	12504
00 10	(129)
llage or City Clasksvill (No.	
2 FULL NAME Thomas ande	rsra
PERSONAL AND STATISTICAL PARTICULARS	MEDIC
Male Color or RACE 5 SINGLE, MARRIED NILOSES OR DIVORCED (Write the word)	16 DATE OF DEATH
DATE OF BIRTH	Sept. 23
(Month) (Day) (Year)	that I last snw h
If LESS than I day hrs. or min.?	and that death occur The CAUSE OF DEA
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Mitral In
which employed or (employer) BIRTHPLACE (State or country)	Contributory C
10 NAME OF FATHER PLNSON anderson	(Signed)
OF FATHER (State or country) Toward los	*State the I Violent Causes, s Accidental, Suicidal
OF MOTHER POST	18 LENGTH OF RE
13 BIRTHPLACE OF MOTHER (State or Country) Howard &	At place of deathyrs
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse con if not at place of des
(Informant) Brooke waries	usual residence
(Address) Clarksulle Mix	Hoptinis
(1.17 20 / A) 1.1.1.1	20 DERTAKER

CERT

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)	(If death a hospital

ard) (If death occurred in a hospital or institution, give its NAME irstend of street and number.)

MEDICAL CERTIFICATE OF DEATH

Class - , 1920
(Month) (Day) (Year)
Sept. 2300 1920 to 001-6, 1920,
that I last snw had alive on Olf 6 1920,
and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH * was as follows:
Mitral Insufficiency (Duration) 2 yrs, mos. ds.
Contributory Christian Dephritis Secondary (Durstion) 7 yrs. mos. ds.
(Signed) M. T. T. Cisul M. D.
Ott. 7- 1920 (Address) Stephland MM
*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place In the of deathyrsmosds. Stateyrsmosds.
Where was disesse contracted, if not at place of dea.h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Noplins Chapel. Uch. 7. 193.
ADDRESS /

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Parmer (reor given up on account of the DISEASE CAUSING DEATH; Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesr,". etc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation But in many

s; inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death—Name, first, the pis-Typhoid fever (never report "Typhoid Pneumonia"); ferer (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EA S CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify al stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Recommendations on statement of cause of death parbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Manus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; perilonaeum, etc., Careinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi Chronic etc. The valvular heart disease; contributory

data is essential and must be obtained before the certificate is permanently filed. bewered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all qu stions

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PLACE OF DEATH	12870 STATE OF MARYLAND
County Noward	CERTIFICATE OF DEATH
	(740)
- D. / /	Registration Dist. No.
Village or City we Rehard	St.: Ward) (If death occurred in a hospital or institu-
1. 1.00	tion, give Its NAME II - stead of street and
2FULL NAME Such flut 1	Wow Urgro number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH AN -C 5 H 3
WIDOWES.	/ (1), 19200
Jewall Colleg (Write the with orl	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
CQU. 16, 1842	19230 to 19234,
(Month) (Day) (Year)	that I last saw he alive on 19350,
7 AGE If LESS than	and that death occurred on the date stated above, at
88 yrs. mos. // ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
(a) Trade, profession or	- Cercy
particular kind of work (b) General nature of industry	Cerebry appropria
business, or establishment in	Duration Vrs. Anna / da
which employed or (employer)	Contributory Augh Med horse
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	Duration)ds,
FATHER / , OL / / / OTTION	(Signed) M. D.
11 BIRTHPLACE	Mu 36 1923 (Address Lleus) My
OF FATHER (State or country)	*State the Piscase Causing Death, or, in deaths fr/m Violent Causes, state (1) Meana of Injury and (2) Whether
TI 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER CURLETTICE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place In the
(State or Country) (Cleans	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
1/1/20 1/20 a. Fullo.	Former or usual residence
(Informati) to Chart Tille	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Ollers Clients	Tauly Cey, NOV. 30, 36
15 1 10 10 10 1	20 UNDERVAKER ADDRESS
Filed Mr Sv 1930 WT9 Histell Registrar	Extender Colin VOI
	16 W Santan St. Rate Proposting V S No. 1
ir more blanks are needed, address trate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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B.--Every item of information should be carefully supplied ACE showld be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact ORD NLY, WITH UNFADING INK --- THIS IS A PEPMANENT MARGIN RESERVED FOR BINDING WRITE F

7. 5. No. 1

23

PLACE OF DEATH	06022 STATE OF MARYLAND
County / www	CERTIFICATE OF DEATH
a./	Registration Dist. No. 193
Village or City Milly (No	St.: Ward) (If death occurred a hospital or institution, give its NAME is stend of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE,	MEDIONE CENTIFICATE OF BEATH
Junah White MARRIED, WIDOWED, OR DIVORCED (Write the word)	of 16 DATE OF DEATH 5 193
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
Man 8	
(Mongh) (Day)	Year) that I last sew halive on
7 AGE IfLE	SS than and that death occurred on the date stated above, at 4:10P
Oyrs. O mos. O ds. or 2	hrs. The CAUSE OF DEATH * was as follows:
B OCCUPATION and os. or delar	Cumula.
(a) Trade, profession or	
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) Oyis O mos
O DIDTUDI ACE	Contributory
(State or country) Annual bo	Secondary
10 NAME OF A	(Duration) yes ince.
FATHER Samuel armstrag	(Signed)
	5/ 1/20.// Morace Mr.
OF FATHER V	5/8/30,2 ((Address) Throwing My
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether
ST 11 BIRTHPLACE OF FATHER (State or country) U 12 MAIDEN NAME OF MOTHER RELLIN	*State the Discase Causing Death, or, in deaths from Violent Caus-s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
ST 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER VA 15 BIRTHPLACE OF MOTHER 16 MOTHER 17 MAIDEN NAME Nellii Hyny	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
SEZ 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yis
ST II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER VA 14 MAIDEN NAME A OF MOTHER 15 BIRTHPLACE OF MOTHER VA 16 MOTHER VA 17 MAIDEN NAME A 18 BIRTHPLACE OF MOTHER VA VA VA VA VA VA VA VA VA V	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yis
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Annual A	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 4 Annual Annuary	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yis

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health er," etc., Without more, Laborer—Coal mine, etc. cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Plaxler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of octwed 6 yrs). work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at bome, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spiener, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physicann, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scruant, Cook, ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomolive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); Typhoid fever* (never report "Typhoid Pneumonia"); *Lober pneumonia", *Pronchopneumonia** ("Pneumonia");

indication. Tulkerallosis of large

stated unless important. Example: Measles (disease Chronic interstitud hyphritis, etc. The cont (secondary or intercurrent) affection need "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cought thronic valrular heart inges, perilonaeunt, etc., "PUERPERAL seplicaemia," "PUERPERAL peritonitis, "Inanition, causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsus, Examples: Accidental drowning; Struck by railway troin American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, . (name origin; "Carreer" is less definite; avoid " "Marasmus, " "Old Age, indefinite). Tuberculosis of lungs, menvalendar heart disease; Nomenclature of the contributory " "Shock," Measles; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

(If death occurred ln Ward) a hospital or institution, give Its NAME is -stead of street and number.) MEDICAL CERTIFICATE OF DEATH

(Month)(Day) I HEREBY CERTIFY, That hattended the deceased and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:

desths from the l'is ase Causing Death, or, In Violent Causes, state (1) Means of Injury and (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the State.....yrs....

DATE OF BURIA

DDRESS

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Physicum, For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) Chronic etc. The contributory valvular heart disease; affection need Nomenclature of the not be

data is essential and must be obtained before the certificate in permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

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2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED. OR DIVORCED (Write the word) in plain terms so that it may reant. See instructions on bac 6 DATE OF BIRTH (Month) (Day) 7 AGE 8 OCCUPATION (a) Trade, profession or Uparticular kind of work (b) General nature of industry important. business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Every item of information should CIANS should state CAUSE OF D statement of OCCUPATION is very 10 NAME OF 11 BIRTHPLAC PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)

PLACE OF DEATH

01753

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Febra 1980
-	(Month) (Day) (Year)
	Tiel 9 1970.10 7.26 9 ,1970.
	that I last saw h been 7. l q , 1923.0
1	and that death occurred on the date stated above, atn.
	The CAUSE OF DEATH * was as follows:
	July work
	(Duration)yrs,mosds,
	Contributory Secondary
	(Duration)de,
	(Signed) A Barry on M. D.
-	Feb 9 19230 (Address) Elkridge my
_	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disesse contracted, if not at place of death?
0	Former or usual residence
-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	mi from Cemelos Feb 10, 1931
	20 UNDERTAKER ADDRESS
4	more employed

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balts., Requesting V. S. No. 1.

(Year)

If LESS than

I day hrs

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, cupation is very important, so that the relative health-Spinner, (b) Colton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. state occupation at beginning of illness. If retired from Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. borer, Farm laborer, Loborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on or Al Home, and children, not gainfully emwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material Architect, Locomotive engineer, Grocery,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

inges, peritongeum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease earbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilway trainsejanus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid cough; 'Congenital,' "Senile,' etc.), "Dropsy,
" "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed

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N. B.

/٧	PLACE OF DEATH County Huoud fillage or City Elicioth Celej (No.	10498	STATE OF N CERTIFICATE Registration DSt.:Ward)	OF DEATH Pist. No. 191 (If death occurred in a hospital or institution, give its NAME it
-	2FULL NAME Mathemus 13	altreel		stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
6	DATE OF BIRTH Seff (Month) (Month) (Month) (Day) (Year) AGE (Month) (Day) (Year) (Month) (Day) (Year) (State of Birth and B	that I last saw h ## and that death occur The CAUSE OF DEA'	(Month) 23 Y CERTIFY, That I atte	(Day) 193 (Year)
O SHATI	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)	esidents) In the State	yrs. mos ds. M. D. H. City head
13	(Address) Ellicott bity, Md. Filed Sofo 23 1921 UTI Frissel Registrar	Jelmmount foundertaker E. Leroy S	tiffler, I me	apt. 25, 1930 apt. 25, 1930 258: North ave Balto, Md.
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St.,	Baito., Kequesting V. S	110. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer cre-Foreman, For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the rise EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrashial fever (the only definite synonym is "Epidemic cerebrashial meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

V Ah approved by Committee on Nomenclature (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Telgius) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E::haustion;" "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underherican Medical Association.) ecommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY valvular heart disease etc. The Always qualify all contributory

In this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained hefore the certificate is permanently filed.

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PLACE OF DEATH County Toward	01754 STATE OF MARYLAND CERTIFICATE OF DEATH
R NO D	(47) Registration Dist. No. /91
Village or City/ Och Clace (No	St.: Ward) St.: Ward) Anospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Office of the state of the stat	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 2 192 to 192 to 192 that I last saw has alive on 192 192 192 2,
7 AGE S yrs. S mos. 26 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or House wife	Moneto Menon
(b) General nature of industry ausiness, or establishment in which employed or (employer) 9 BIRTHPLACE	(Duration) yes mos 5 ds.
E (State or country) well acree	Contributor Secondary (Duration) 3 yrs. mos. de.
FATHER Shw Cone.	(Signed) / Cle M. D. Fet 19 1923 (Address) Clessofity M. D.
State of country lawie	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
as Martin ary M& Culloh	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) W. Coll For Each St. (Address) 1/67 W. Haushury St.	19 PVACE OF BURIAL OR REMOVAL TAK 20 19 30
Filed Helyto 190 Wif Fixel Registrar	Easton Sons Sollies Lite
If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sopsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; Chronic (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature of the " "Marasmus, or intercurrent) affection need not be " "Old Age, " "Shock," etc. The valvular heart disease; contributory

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PLACE OF DEATH County, Annual	0528 STATE OF MARYLAND CERTIFICATE OF DEATH
near	(29) Registration Dist. No. 193
Village or City Morgan (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME John Bath	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) + (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1927 to Jack 22, 1930, that I last saw have alive on Jack 2, 1920,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 0.50 A.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or farmer (retired)	auri folusio eta
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Germany	Contributory Secondary (Durstion) yrs. 3 mos. ds.
10 NAME OF FATHER David Baith,	(Signed) M. D. M.
OF FATHER (State or country) Dermony	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Mcaas of Lajury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ventravery	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos. ds, In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
Ritados) Modbine med.	Morgan Chapel Centre Jan, 24,-1930
15 Filed Ju 9 19239 M Mastur Registral	20 UN DERTAKER Halts, Heisfield, Med.
If more banks are needed, addre a Ltate kegistras	, 16 W. Saratoga St., Balto, Requesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as ν_{uy} laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e.g.. Farmer or Planter, For many occupations a single word or term on Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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PLACE OF DEATH

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PLACE OF DEATH	6529 STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City O (No	St.: Ward) (If death occur a hospital or i tion, give Its NA stead of street
2FULL NAME Come Bar	yhnan number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Henrel White Single, MARRIED, Confirmation of the Wilder (Write the word)	16 DATE OF DEATH (Month) (Day) (Y
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased
(Month) (Day) (Year)	that I last saw has alire on Jan 19, 1
7 AGE If LESS than I day hrs	
B OCCUPATION (a) Trade, profession or particular kind of work	Stellon
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmos
b 10-11	Contributory francting reparation
9 BIRTHPLACE (State or country) Howard & My	Secondary Secondary Duration) 75
10 NAME OF FATHER) & Jarren Leonard Bang	(Signed) 1311 Selfand
OF FATHER	1/19.0 (Address) Death or in death of
Z (State or country) Cork Co. Pa	*State the Disease Causing Death, or, in deaths f Violent Causes, state (1) Means of Injury and (2) Whe Accidental, Sulcidal or Homicidal.
of MOTHER Bessie Margaret Spohr	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)
OF MOTHER (State or Country)	At place of death yrs mos. ds. State yrs mos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
1 2 2 2 1	Former or usual residence
(Informant) New Waren To Baughman (Hath)	19 PLACE OF BURIAL OR REMOVAL DATE OF BUR
(Address) Dorsey god	Bion Cenetary Jan 18
15 Filed Jan 1819230 P. Bind Willia Registrar	20 UNDERTAKER ADDRESS

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Spinner, (b) Cotton mill; (o) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Never return "Laborer," "Foreman," "Manager," "Dealdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Furmer (re-For many occupations a single word or term on or At Home, and children, Farm laborer, Loborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Locomotive engineer, not gainfully em-(b) material Grocery; Wom-

Statement of Cause of Death—Name, first, the PIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemio," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition, State cause for which surgical operation was underor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY approved by Committee on Nomenclature of the (Recommendations on statement of cause of hetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troin-American Medical Association.) Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or misearriage as cough; " "Marasmus," "Old Age," "Shock," Chronic valvular heort disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

CORD

N. B.--Every Item of information should be carefully supplied. ACE s., Juid be stated EXACTLY, PHYSI-CIAN'S should state CAUSE CF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE

PLACE OF DEATH	STATE OF MARYLAND
County African	CERTIFICATE OF DEATH
	Registration Dist. No. 193
Village or City ham (No.	St: Ward) (If death occurred in
3	tion, give its NAME II -
2FULL NAME AND MAL	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH WAY 19 91
Junitelle Lettered OR DIVORGED	, 192
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	1: 22 0 11 31
100 ll 130	192 . taff/, 197/.
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
Mulys Minos. ds. or min.?	
BOCCUPATION	f 1211-11
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durition) yrs. mos. ds.
9 BIRTHPLACE *	Contributory
(State or country)	Secondary
1 10 NAME OF /	(Duration)ds,
FATHER LEVEL BLUMBLE	(Signed)
o 11 BIRTHPLACE	Jan 197 (Address) July In
Coffather (State or country) from the Combined C	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
E 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER ordelia Murphy	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Hound to	of deathyrsmosds. Stateyrsmosds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
" Condelia Musella	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL
(Address) // William	Howard Chaple Jan 22 1,30
15 O. 24 . 24 Me haria	20 UNDERTAKER ADDRESS
Filed 19230 M Manager Registral	Thirdne Bennell had RO
If more hanks are needed, addre a tate hegistrar	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oction applies to c.ch and every person, irrespective of Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engincer, Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (naver report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E.haustion," "Heart failure," "Ilaemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsia, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) approved by (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) Committee on Nomenclature of the valvular heart disease; affection need etc. The contributory not be

If this certificate is looked over thoroughly and all questions wared in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH	(1440) STATE OF MARYLAND
CountyHoward	CERTIFICATE OF DEATH
	185 Registration Dist. No. 10
Village or City Elprodo (No.	St.: Ward) (If death occurred in
cha e	tlon, give its NAME instead of street and
2FULL NAME Cla	number.)
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO.	16 DATE OF DEATH R. L.
Hewali Col. WIGOMED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
5 OATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Fiel 17	1855 46-26 130 to april 190
(Month) (Day)	(Year) that I last saw her alive on Office 6 1930.
7 AGE [lf	LESS than and that death occurred on the date stated above, at
	dayhrs. The CAUSE OF DEATH * was as follows:
yrs. mos. ds. o	min? Offyo cardial chauff
(a) Trade, profession or	
particular kind of work	Unavoidable sceedent: stumbled over a chair
business, or establishment in	CWGB (Duration) yrs mos de,
which employed or (employer)	Contributory Dislocation of it aboutden
9 BIRTHPLACE (State or country) Howard Co.	a secondary
10 NAME OF 1 . 10 0	(Signed) BBB runbang M. D.
FATHER Micklas Jack	son apr 6 190 (Address) Elkinge mg
U 11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death or in Waths from
m	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth loc	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place In the
(State or Country) Howard G	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	GE if not at place of death?
(Informant) Horace Black	Former or usual residence
201	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Elproge 9	ind trans) Tauly Cly, (451/10, 1933)
15	20 UNDERTAKER APORESS
Filed Cyrul 1920 K. July 18	Legistrar Custon Dons Chicallet
If more branks are needed, address Sta	te Registrar, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Corebros pinal fever* (the only definite synonym is *Epidemic cerebros pinal meningitis"); *Diphilheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia,"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,");

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY for malignant neoplasms); Measles; Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature Always qualify all

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E .

PLACE OF DEATH	04406 STATE OF MARYLAND
County) 40 Ward	CERTIFICATE OF DEATH
	(129) Registration Dist. No.
Village or City Sumpsomull (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME There I home to	Standly tion, give its NAME is - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of RACE SINGLE, MARRIED, WIDOWED. OR OIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH ANDROUG	that I less saw harmalive on third attended the deceased from 1929, to the last saw harmalive on third attended the deceased from 1929,
(Month) (Day) (Year) 7 AGE If LESS than	11.300
I day hrs.	
yrs. mos. ds. or min.?	Yalnular Desease of News
(a) Trade, profession or form labour	<u></u>
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mag ds,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Signed) (Quation) yrs mos ds.
FATHER Theless 120 ardley	(Signed) 1920 (Address) Challe my
IN BIRTHPLACE OF FATHER	
OF FATHER (State or country) 12 MAIDEN NAME AMABULTAN	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Marie Fortalthy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs. mos. ds. State yrs. mos. ds.
(State or country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) / Will Durally	usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Junisanille Mile	allotter med (skil 10. 193)
15 5 April 7 June 32 Kl (1) DIKL V	20 UNDERTAKER AOORESS
Filed NAM Registrar	Caston Son Cleat City
16 Landa and address State Periotes	r 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Cermanned American Public Health American)

Statement of Occurs. Provided of occupation is very marked on the front line in the first line in the

Staten.

EA. A The EA. A The Control of the EA. A The EA

unqualified, is mineral etc., Chrimmin, Sarroma, ever, ingr. arctination; "Canyor" is less definite; avoid use of "Tumor" for mall mant modulus; Measles; and disease; atic . "Atrophy." "Coll p.c." "Cona," "Convulsions," "Debility" ("Cong. mital," "Senil." etc... "Dropsy," "E ham tion," "Hert failure" "Haemorrhage," "Inantion," "Mar mus," "Old Age," "Shock," "Uraemi" "Wakin s.," etc., when a definite disease a. To minimize the care of the injury, our allowed the care of the injury, our allowed the care of the injury, as for any one of the injury, is 10 d. Never what new partons or taninal condition, so has "Amona," "Another merely symptomatic, "Arothey." "Coll p. 6" "Cona," "Convulsions," "The coll partons of the convulsions of th When the country Charles into an interpretation need not be (Personal design of the American Monorday of the American Monorday Committee on Nomendature of the and qualify as acceptantal and the trains definitely or as $p \circ b \circ b \circ y$, acts of input the second contract of "PU MILLAL Tombies in, " " PI LAL Tombies, can be a settined as the cause. Always qualify all diseases resulting from child inth or milearriage as eausing death, 99 m., waller a . \dot{a} . \dot{a} State care for which in all paralos was under FOR THE STATE AND WEARS OF INJULY disease and secondary), elc.

if in deal, the least the second and all questions.
All the production of the second actions of the second act

BURFAU V. S

Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact ORD MARGIN RESERVED FOR BINDING WITH UNFADING INK---THIS IS A PER LY, WRITE P

7.85. No. 1

N B.

PLACE, OF DEATH	STATE OF MARYLAND
County or and	CERTIFICATE OF DEATH
County, 1, 6, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Registration Dist. No. /92
Prince H-11	Registration Dist. No.
Village or City arrivalle 18 Sout &	St: Ward) (If death occurred in a hospital cr institution, give its NAME in steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVOGED OR DIVOGED (Write the word)	le 16 DATE OF DEATH May 7, 1938
6 DATE OF BIRTH	I HEREBY CERTIFY, That Lattended the deceased from
m. 8 .0	192) 1. to Mar , 192
(Month) (Day) (Y	(ear) that I last saw h Malive on Than, 9 1930
7 AGE [If LESS	S than and that death occured on the date stated above, a O
l day	
mosds. or	min.?
(a) Trade, profession or	Conjendal Herrichan
particular kind of work (b) General nature of industry	7) Outestine
business, or establishment in which employed or (employer)	(Duration) yrs mos / ds
9 BIRTHPLACE	Contributory
(State or country)	Secondary
10 NAME OF	Quantion) yra mos da
FATHER MULITY S DOSS	Mary 10 32 and all 1
OF FATHER	190 (Addrest August Course
Z (State or country) / are see	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitols, Institutions, Trans
18 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country)	At place of deeth yrs mos. ds. State yrs nice de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
1.11 B1.	Former or usual residence.
(Informant) MC ON SORY	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mars of the total	2 Springfield Courter New 10 32
15 Me 1 1 4 0 6 de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 UNDERTAKER CADDRESS
Filed Mr 10 1950 Law Croce	AL (Success) Keelangerell

If more blanks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. So. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonueum, etc., Carcinoma, Sarcomu,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory" and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valuntar heart disease; Chronic interstitial nephritis, etc. The contributory approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) Example: Measles (disease

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ed. Exact

PHYS

Filed

No. 1

oi

44	15086
PLACE OF DEATH	STATE OF MARYLAND
County toward	CERTIFICATE OF DEATH
10000 8	Registration Dist. No. 195
Village or City Oware (No.	St.: Ward) (If death occurred in
2FULL NAME Infant B	a hospital or institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL FARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) / (Day) / (Nort)
6 DATE OF BIRTH Dec. 19th 1930	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h L alive on L , 192 ,
7 AGE [If LESS than	and that death occurred on the date stated above, at 39, m.
yrs. O moa. O ds. or O min.?	The CAUSE OF DEATH * was as follows till-bill.
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duntion)
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds,
FATHER Walter & Boswell	(Signed) I Thank Thipley M. D.
OF FATHER (State or country) U (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER ROSE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs de. In the State yrs de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Walter E. Buswell	Former or usual residence
(Address) Lanel, lud.	19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL
1 1 1 1 2 2 0 80'10	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook; to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., (a) Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more piecise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive (6) engineer, Grocery;

Statement of Cause of Death—Name, first, the pisse causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury causing death), 29 ds.; L. Whooping (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. affection need valvular Nomenclature of the Always qualify all The contributory heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If denth occurred in Ward a hospital or institution, give its NAME is -stend of atreet and of certifie number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. back OR DIVORCED (Write the word) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I artended the deceased from instructions (Month) (Day) IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH min.? SOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duntion) which employed or (employer) 9 BIRTHPLACE Secondary (State or country) Duration) 10 NAME OF (Signed) FATHER 0 II BIRTHPLACE S OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAUS ENT (State or country) 12 MAIDEN NAME 01 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-Ad d state ients or Recent Residents) 13 BIRTHPLACE At place of death _____yis ____inos, ____ds, In the OF MOTHER State yrs. mos... Every item of a CIANS should statement of OC (State or country Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual reaidence (Informant) (Address) Filed If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Approved by U.S. Comments and American Public

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME it stead of street and number.) MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended the deceased and that death occurred on the date stated above, at ... The CAUSE OF DEATH * was as follows: (Duration) .vrs.....mos... Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the ACE OF BURIAL OR REMOVAL

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lug laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Civil engineer, Physician, For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, neer, Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tclanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of inges, peritonaeum, etc., Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," Chronic and consequences (e. g., sepsis, chopneumonia (secondary), etc. affection need not be valvular heart Always qualify all The contributory disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	08102 STATE OF MARYLAND
Country Howard.	CERTIFICATE OF DEATH
7	Registration Dist. No. 193
/ may of	Registration Dist. No.
Village or City doug learner (No.	St.: Ward) (If death occurred in a hospital or institu-
- 2FULL NAME Grav Louise Bo	tion, give its NAME i, steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jesuale White Single, Married, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
apr. = 16 = 1911	- 1928. to July 7, 1928,
(Month) (Day) (Year)	thet I last for hear alive on July 1920,
7 AGE	
19 yrs. 7 mos. 73 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Clinato
(a) Trade, profession or particular kind of work	Child toth
(b) General nature of industry	***************************************
business, or establishment in which employed or (employer)	(Duration) yrs, mos, de,
9 BIRTHPLACE	Contributory Secondary
(State or country) Maryland.	(Duragon) yrs
10 NAME OF FATHER ON INTERPRETED TO STATE OF STA	(Signed) M. D.
11 PIDTHPI ACE	7/9 /1930 (Address) Mainy My
OF FATHER Z (State or country) Maryland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Household J. Attalling	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER TO THE STATE OF THE S	At place of death yrs mos ds. State yrs ds.
(State or Country)	Where was disease contracted, it not at place of dee.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) duant f. I Ismmen	usual residence
Madress mix airy and,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
A A	Toplar pung Occuly July 2/12 1930
15 Filed/-/9 1980 M Mushan Registras	6.M. Walts Hinfield Ind.
If more blanks are needed, address htate Registra	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). er," etc., without more precise specification and laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation Stationary fireman, etc. Automobile factory. The material But in many 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; Nomenclature of the

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PLACE OF DEATH	08103 STATE OF MARYLAND
County Howard.	CERTIFICATE OF DEATH
92 -22	Registration Dist. No. 193
	Subsice Ned. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of extrect and
2FULL NAME Lula U. Bo.	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Manuel, Wilsowed, OR DIVORCED (Write the word)	16 DATE OF DEATH July - 2V =, 19230
6 DATE OF BIRTH	(Month) (Day) (Year)
2. 8 . 60:	- Feb 1 1 193 1/10 July 23 1920
(Month) (Day) (Year)	that I last saw her alive on Sally 25, 19234
7 AGE [If LESS than	and that death occurred on the date stated above, at 2115 A'm,
I day_hrs.	
yrs. 7 mos. 17 ds. or min.?	24 - 0
8 OCCUPATION (a) Trade, profession or particular kind of work	Allem aremona
(b) General nature of industry	4
business, or establishment in which employed or (employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) Maryland.	Contributory Secondary
10 NAME OF	(Datellon) mos de.
FATHER Pobert Warfield.	(Signed), M. D.
IN SIRTHPLACE OF FATHER	My 102.1923 (Address)
OF FATHER (State or country) Mary and	*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidsl.
of MOTHER Jamas Ceppleby -	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country) Marshaud.	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deach?
John M Bruman	Former or usual residence
(Informant) John Woodbier ned,	19 PLACE OF BURIAL OR REMOVAL , DATE OF BURIAL
(Audices)	Toplar Jonego Ollidy July: 1, 700
Filed July 25 1930 M Mashu-Registrar	20 UNDERTAKER STATES ADDRESS MAL.
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart Indian," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

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N. B.

County Idaward.	CERTIFICATE OF DEATH
Village or City West Friendships	Registration Dist. No
FULL NAME Jeongla Jaash	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
demale white Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 19 19 (Month) (Day) (Year)
6 DATE OF BIRTH May 24, 1878 (Month) (Day) (Year)	that I last saw h Kalive on Floruary 1, 1923
7 AGE 51 yrs. 10 mos. Wds. or min.?	and that death occurred on the date stated above, at 3: 30 /7 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Duration yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 9	Contributory Secondary (Durstion) (Signed) (Signed) (Signed) (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Signed)
Il BIRTHPLACE OF FATHER (State or country) North Carolina 12 Maluen Name	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Suida Munican 13 BIRTHPLACE OF MOTHER (State or Country) 4 Jung 19	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(Informant) L. L. Duncand (Address) West Inlude Life	Where was disease contracted, if not at place of dea h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2-2-1930
Filed 7et 20 1930 Anow Steff	20 UNDERTAKER ADDRESS SCIling in bothony of Elliast City
If more banks are needed, addre, s Ltate Kegistras	r. 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul minc, etc. Wom-(b) Collon mill; (a) Salesman, (b) Grocery; For persons who have no occupation (b) Automobile factory. The and children, not gainfully emmaterial engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." (secondar/ or intercurrent) affection need not be strted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL perilonitis," clc. "Inanition," "Marasmus," "Old Age," "Shock," "E:haustion, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homieide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; Chronic Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY 'Congenital,' "Senile,' etc.), "Dropsy,
> " "Heart failure," "Haemorrhage, Committee on Nomenclature etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

N. B.

PLACE OF DEATH County Howard County Harmano Farm Village or Citylelbridge (No. Mon	CERTIFICATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH James 20, 107 0
6 DATE OF BIRTH Quegus 17 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from fameary 10 1930 to fameary 20, 1930, that I last saw him alive on fameary 20, 1940,
7 AGE 3 8 yrs. 5 mos. 3 ds. or min.?	and that death occurred on the date stated above, at
(b) General nature of industry	Chronic Rephilio Hypertension (Duration) 2 yrs. mos. ds.
9 BIRTHPLACE (State or country) 91. Carolina	Contributory Laker Preumanie, Secondary (Aurstion) ys mos 3 ds.
11 BIRTHPLACE OF FATHER OF FATHER OF FATHER	(Signed) M. D. M.
(State or country) 12 MAIDEN NAME Mouths fane Kuchel	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos,ds. In the Stateyrsmosds.
(Informant)	Former or usual residence
(Address) 1323 Month aus.	Loudon Park Cho Jan 22 1930 20 UN DERJAKER
Filed 1920 Registrar Registrar If more blanks are needed, address State Registrar	16 W. Stratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At'school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Compositor, Architect, Locomotive engineer, For persons who have no occupation Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably smicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom Whooping cough; as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi interstitial nephritis, Chronic valvular heart disease etc. The contributory

No.

3/2 >

N. B.

	PLACE OF DEATH County Howard.	STATE OF MARYLAND CERTIFICATE OF DEATH
	GO 1	Registration Dist. No. 194
	Village or City Leely, (No.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Martha Jan	e Brown tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Level Will (Write the word)	16 DATE OF DEATH Feb. // , 19230. (Month) (Day) (Year)
	6 DATE OF BIRTH ON 17, 1969 (Month) (Dsy) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 3 1930 to Tel 1, 1930, that I last saw her alive on Tel 10 1980,
	7 AGE [If LESS than	
	20yrs. 3 mos. 25ds. or min.?	The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work Domestie.	
1	(b) General nature of industry business, or establishment in	(Durston) vrs. 1 mos. 12 da.
1	which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
	10 MAME OF 1 AV B	(Signed) (Durarion) 9.778 mos ds.
	11 BIOTHER ACE	Feb 11 1928 (Address) Clas Restrille
	OF FATHER (State or country) Pary laved.	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of My Farriet M. Sulling	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds, Stateyrsmosds,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea.h?
	(Informany) obest 4. Grown	Former or usual residence
1	J.F. Oddress Sworkville Med.	My Carriel Cuy, Filis, 19 30
	Filed 7. W 21930 W All Lines Registras	Easton Sono Ellie Wet
	If more blanks are needed, address htate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesshould be used only when needed. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer -- Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomotive engineer, As examples: (a) (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopzeumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E.haustion," "Heart failure," "Haemorrhage," st_ted unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(E.:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The nature of the injury, aceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory not be

BINDING

FOR

V. S. No. 1

	PLACE OF DEATH County Howard	STATE OF MARYLAND CERTIFICATE OF DEATH
	County	Registration Dist. No. 190
6.	Village or City Elpride (No.	St.: Ward) (If death occurred is a hospital or institution, give its NAME in
ificat	2 FULL NAME Mary There	La Bujanowski stead of street an number.)
cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Temale White Single, Married, Wildowson, Wildowson, Wildowson, Wildowson, Wildowson, Wildowson, Wilderstein (Write the word)	16 DATE OF DEATH Dec 14, 19270
s on b	6 DATE OF BIRTH Mich 22 1901	17 I HEREBY CERTIFY, That I attended the deceased from
tion	(Month) (Day) (Year)	that I last saw her alive on
on,	7 AGE If LESS than I day	and that death occurred on the date stated above, at
nsti	29 yrs. 8 mos. 22ds. or min.?	Che Myorarditis
Seei	OCCUPATION (a) Trade, profession or particular kind of work	Mitralemenfficiency
tant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 6 mosda
impor	9 BIRTHPLACE (State or country) Howard G. Mod.	Contributory Secondary Secondary (Duration) J. yrs. 6 mos., ds
very	10 NAME OF Valentinia Hangska	(Signed) 3/3/2 (Address) Shared 2 14
ON is	OF FATHER (State or country) State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER Verous Styshop	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
0000	13 BIRTHPLACE OF MOTHER (State or Country) Terrory.	At place of deathyrsmosds. In the Stateyrsmosde Where was disease contracted,
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
ent	(Informant) Dasy: Bujanowski	usual residence.
atem	(Address) Elpridge Mod (Hash	At augustine cenetry Dec 17 , 1930
8	15 File Do. 15 19808 Bird W. Clarke	20 UNDERTHER Ellarge ADDRESS Elkridge
	If more blanks are needed, address State Registrat	TIEW. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., (a) Foreman, Spinner, (b) Colton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer Crc or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the single word or term on -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the pissease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Crdup"); Typhoid fever (never report "Typhoid Pneumonia," Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Recommendations on statement of cause of Idianus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic Example: Measles (disease etc. The contributory valvular heart discase; Measles ;

V. S. No. 1

N. B.--

Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD WRITE

PLACE OF DEATH,	15088 STATE OF MARYLAND
County HWWW	CERTIFICATE OF DEATH
	Registration Dist. No. 192
Village or City (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Frank Burge	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 1921 to 200 3 , 1921 , that I just saw ham slive on 200 3 , 1931,
7 AGE [If LESS than	and that death occurred on the date stated above, at Vm.
To yrs. 2 mos. 2 ds. or min.	
B OCCUPATION (a) Trade, profession or formular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Sugalian mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF John Burges	(Signed) M. D.
OF FATHER (State or country) Many (and)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother) Mary Mary	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Jan Buch and	Former or usual residence
(Informant) My Ge Surger A FA	19-PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Dec 6 1930 Mrs Olice Held	20 UNDERTAKER ADDRESS Caster Sent Clicottaty
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED JERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Centus and American Public Health Americans

household on definite a second of the second en at hone, additional line: r
should be used selfSpiner, b ()
(a) Formar,
worked or man ()
Never return () who Civil engace, sodia cases, especial in the cases, especial in the case cases. fulness of various many many market er," etc. the first in ... in be an entered to the first in ... age. For many occupations a supervised of the co Statement of our management or given 1; of state oc up. or given at the second whateve and a fired 6 in e, without more present specialization in Pop Farm salare, approved as more size Wom-hough, sho are organized in the dimension the For persons who have no opsubation

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forer (the only definition of the series);
grinal manipulation of the series o ed term EAST THE HOUSE Common out of the District The Statem of Characollegues - Very first linears

c: tificate is

BURBAU V.S. caumer denth 20 geondary), 10 a. Nov. geondary, 10 geondary, 10 geondary, 10 geondary, 10 geondary, 10 geondary, 10 geondary, 11 geondary, 11 geondary, 11 geondary, 11 geondary, 12 geondary, 12 geondary, 13 geondary, 13 geondary, 14 geondary, 15 geondary, 16 geondary, 17 geondary, 18 uro of "Turov" for an implementation of the control Hippin: committee the street disease; Characterian for the contributory (secondar) and the current and effort and not be stated unless important forms of the contributors. can be assumined in the case. Always qualify all disease in significant considers or micrarriage as "Prickle Al. 1 and "elc." and qualify as a composition of the common definitely. taken. For William Bullilla take a fassofixions ungialities. The of lings, menlusis, omenium van under-All the

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MANENT

WRITE

PLACE OF DEATH	05656 STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(90) Registration Dist. No. 195
Village or City Mar Namel (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Reliecca Ben	led tion, give its NAME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 5 6 , 19 5.0
6 DATE OF BIRTH Nov. 29, 187/ (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 1929 to 5 6 1936.
7 AGE (Month) (Day) (Year)	that I last saw her alive on 5, 1960, and that death occurred on the date stated above, at 3, m.
I day_hrs	The CAUSE OF DEATH * was as follows:
o yrs. 5 mos. 6 ds. or min.	Cardio Rival des.
(a) Trade, profession or House week	
b) General nature of industry	6
which employed or (employer)	Contributory Club Carline
9 BIRTHPLACE (State or country)	Secondary A
10 NAME OF P. A. OO. A.	(Signed) Dugition yrs mos ds.
II BIRTHRI ACE	- 5'/7 19287 (Address) Pare rel hel
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MRIOWY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds. In the Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) Los Beerley	Former or usual residence
(Addros)	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 1930
	- Color - Value X
15 Filed 5/7 1930 J. W. Louistlescinar M.	20 UNDERTAKER DOREAS

(Approved by U. S. Census and American Public Health Association.)

sary to know, (a) the kind of work and also (b) the nature of the business or industry, and therefore an Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on lelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature of the not disease;

V. S. No. 1

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HZ	stated	proper	of certi
MANE	uld be	nay be	back
P	Sire	it it r	18 on
A	ACE	tha	tior
K-THIS IS	supplied. A	n terms so	See Instruct
WRITE AINLY, WITH UNFADING INK-THIS IS A PETMANENT CORI	Every Item of Information should be carefully supplied. ACE sized the stated EXAC	CIANS should state CAUSE CF DEATH in plain terms so that it may be properly olas	statement of OCCUPATION is very important. See instructions on back of certificate.
TH UN	should	E CF D	is very
′, WI	ation	CAUS	ATION
INL	Inform	state	CCUP
ı	10	pir	0
RITE	Item	shot	nent o
M	Every	CIANS	staten

PLACE OF DEATH County Howard	03047 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 193~
Village or City Davage (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale white Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH March 16 , 1923 0 (Month) (Day) (Year)
March 13th, 1910 (Month) (Day) (Year)	that I last saw h saliva on 1920.
7 AGE [IfLESS than	and that death occurred on the date stated above, at 10 45%. m.
20 yrs. — mos. 3 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Joseph automobile
(b) General nature of industry business, or establishment in which employed or (employer)	midantly. (Durstion) Vyrs. V moe V ds.
(State or country) Kashington D.C.	Contributory Secondary Durgich,
10 NAME OF Harry Stark	(Sign(d)) Manh Shipley M. D. 3/17/30,192 (Address) Savaes hul.
of FATHER (State or country hashington h.	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Walter Pyles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Mashington, N.	At place was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY PNOWLEDGE	if not at place of dea.h?
(Informant) Mis Mattel Myles Mars (Address) 3/14M, St M. M. Thurshington W.	19 PUACE OF BURIAL OR REMOVAL DATE OF BURIAL Mashington, A.C. Meh 20 14, 1930
Filed 3, 1) 1923 a Constitution Registrar	20 UNDERTAKER APPRESS L'AMP Kaiser Raurel Nd
If mora bianks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

MARGIN RESERVED FOR BINDING	WRITE, MINLY, WITH UNFADING INKTHIS IS A PERMANENT CORD	Every item of information should be carefully supplied. ACE challed be stated EXACTION, CIANS should etate CAUSE CF DEATH in plain torms so that it may be properly classified etatement of OCCUPATION is very important. See instructions on back of certificate.
MARGI	WITH UNFAL	ion should be AUSE CF DEAT ION is very Im
	AINLY,	Informat Etate C CCUPAT
•	WRITE	Every item of CIANS should statement of O

County

Village or City

(Informant)

PLACE OF DEATH Howard

01408

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.			
St.:	Ward)	a hospital	oceurred in or institu- ts NAME is - street and
CERTI	FICATE C	F DEATH	
Ap	ril	ord,	1930 14112:
ERTIFY,	Ienth)	(Day)	eeased from
		above, at	4 P. Lim.
*******	***************************************		
Myo	cardit:	is	
(Address). (Address). (Address).	Eller ng Death, cans of Inj	y Corone	M.D.
	For Hospit	als, Institut	ions, Trans-
	In the State	yrs	mosds.
	000000000000000000000000000000000000000		
· 20 4• \$ 4 mm · · · · · · · · · ·)	***************************************
OR REMO	wal	ikril	7, 19 3 C
	CERTIFY, I92 alive on the assemble (Dum (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	St.: Ward) CERTIFICATE C APTIL (Menth) ERTIFY, That I atterd 192 to alive on I on the date stated * was as follows: AITSTIAN (Duration) (Duration) (Address) Eller (Address) Eller (I) Means of Inj Homicidal. DENCE (For Hospit- lents) In the State ded,	St.: Ward) (If death a hospitul tion, give is stead of number.) CERTIFICATE OF DEATH APTIL Ord (Menth) (Day) ERTIFY, That I attended the decension on the date stated above, at was as follows: April Ord (Duration) yrs

Mary Fligabeth 2FIII.I. NAME. PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 3 SEX 4 COLOR OR RACE WIDOWED. Female OR DIVORCED Widow (Write the word) Colored 6 DATE OF BIRTH 12th Nov. (Month) (Day) (Year) IIf LESS than I day hrs (a) Trade, profession or Housework articular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland 10 NAME OF William Pelton FATHER 11 BIRTHPLACE ENTS Maryland OF FATHER (State or country) 12 MAIDEN NAME Unknown OF MOTHER 13 BIRTHPLACE OF MOTHER Maryland (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Joseph Smith "Cousin "

licott City, Maryland

If more b.anks are needed, addre s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Tllicott

No

(Approved by U. S. Census and American Fublic Health Association.)

the first line will be sufficient, e. g. Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Spinner, nature of the business or industry, and therefore an household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed nner, (b) Cotton mill; (a) Salesman, (b) Grocery:
Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

approved by Committee on Nomenclature inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as Chronic valvular heart etc. The contributory Always qualify all

V 8 No. 1

PLACE OF DEATH County Howard	08104 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No. 19
Village or City Stay Statery (No (No (No	St.: Ward) (If death occurred in a hospital or Institution, give its NAME Issued of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 16 LESS than day hrs. or min.?	and that death occurred on the date stated above, at 12 m. The CAUSE OF DEATH * was as follows:
OCCUPATION () Trade, profession or particular kind of work	(Duration) yrs 6 mos ds.
9 BIRTHPLACE (State or country) France	Contributory Secondary (Suration) yes mos ds.
10 NAME OF FATHER 11 BIRTHPLACE	(Signed) M. D.
OF FATHER Z (State or country)	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathmosds. In the Statemosds. Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h? Former or usual residence
(Informant) Flora & March (Address) 2723 71. Calcult	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 19 1920 Idwal odlay	20 UNDERTAKER ADDRESS 1217 Strange
If more banks are needed, addre s Ltage Megistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; sary to know (a) the kind of work and also (b) the ation applies to e ch and every person, irrespective cf tired 6 yrs). business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons en-Spinner, (b) Cotton mill; cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook household only (not paid Housekcepers who receive a definite salary), may be entered as Housewife, House-Physician, fulness of various pursuits can be known. en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. the first line will be sufficient, e. g., Farmer or Planter, laborer, "," etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a or At Home, and children, not gainfully em-Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material (a) Salesman, (b) single word or term on Locomotive The quesengineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopueumonia ("Pneumonia");

st_ted unless important. Example: Measles (disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary approved by Committee on Nomenclature of the American Medical Association. as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, cough; " "Marasmus, " "Old Age, " "Shock," or intercurrent) Chronic etc. The contributory valvular heart disease; affection need not be etc., or

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(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (o) tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Collon mill; (a) Salesman. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foremon, (b) Automobile foctory. The material For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy Locomotive engineer, (b) Grocery;

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"E.haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage," unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondar; or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvulor heart disease; etc. The contributory

CORD MANENT MARGIN RESERVED FOR BINDING AINLY, WITH UNFADING INK--THIS IS A PF WRITE

YSI-	PLACE OF DEATH	STATE OF MARYLAND
T G	County Journal	CERTIFICATE OF DEATH
116d, 7	les .	Registration Dist. No.
operly clay	2FULL NAME Limitta Ma	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
the be strack of	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR ON OR OR OF ON OR OF	16 DATE OF DEATH (Month) (Day) (Year)
CE shoul hat it ma lons on b	6 DATE OF BIRTH LUG 20, 1928	17 A HEREBY CERTIFY, That I stended the deceased from 2 1920 to light 2, 1921,
illed. ACE s ms so that I nstructions	7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at
lled ms s nstr	2 yrs. mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
suppl n terr See ir	8 OCCUPATION (a) Trade, profession or particular kind of work	Enttritis
efully in plai tant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos /5 ds.
be caref EATH In Importa	9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs
CF DE	FATHER CLEVEL L. Cavey	(Signed) (lephan Herbert M. D.
CAUSE TION IS	TO BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Placase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TOT	OF MOTHER & WITH Moleston	LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
f Info	OF MOTHER (State or Country) Mary laws	At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
em o shoul	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
ANS ateme	(Informant) July Land Charles Charles	16 PLACE OF BURIAL OF REMOVALY DATE OF BURIAL
BEv CI et	15 Filed Cing Is 193 5 W/ Firsell Registrar	20 UNDESTAKER ADDRESS COLLECTIVELY
ż	If more blanks are needed, address ttate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory Nomenclature of the

N. B.—Every Item or information should be carefully supplied. ACE to full be stated EXACLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD AINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR MARGIN RESERVED WRITE

3 No. 1

PLACE OF DEATH	ORDER STATE OF MARYLAND
County Haway	CERTIFICATE OF DEATH
	Registration Dist. No. 191
Village or City Cellucation (No	St: Ward) (If death occurred in
	a hospital or institu- tion, give its NAME in- stead of street and
2 FULL NAME Margaret douise	(heuchers - number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mar (*2, 1923) Mar (Month) 12 (Day) 1930 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sent 14 1929	192 . to 1925.
(Month) (Day) (Year)	that I last saw halive on
7 AGE	and that death occurred on the date stated above, at
yrs. 5 mos. 2 ds. or min.?	
B OCCUPATION (a) Trade, profession or	Tomasis
particular kind of work (b) General nature of industry	00000-00-00-00-00-00-00-00-00-00-00-00-
business, or establishment in	(Duration) yrs. most ods.
which employed or (employer)	Contributory Comments r Course
(State or country) many land.	Secondary Duration you mos. de.
10 NAME OF FATHER ON I	(Signed Man C Meller M. D.
agred Chambers.	Than 13 198 4 (Address) Ellewater my
0 11 BIRTHPLACE	
Z (State or country) Mary land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Catherine Codeo.	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the
(State or Country) Mary Land	of deathyrsds. Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
as Albert Chamber	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Clasel	17 Stepheno Ceur 3-13, 1230
Filed mar 12 100 WIT Trissel	20 UNDERTAKER ADDRESS
Registral	Mary & Stary Ellicat City mo
If more banks are needed, addre.s Ltate kegistrar	, 16 W. Seratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physicinn, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of age. For many occupations a single word or term on fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emer," etc., nature of the business or industry, and therefore an cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. Foreman, Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, aesident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; etc. Nomenclature The contributory

-WRITE V. S. No. 1

V. S. No. 1	No. 1	MARGIN RESERVED FOR BINDING
	-WRITE	-WRITE AINLY, WITH UNFADING INKTHIS IS A PT MANENT CORD
m z	CIANS should statement of 0	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Howard	12509 STATE OF MARYLAND
	Registration Dist. No. 194
Village or City Stholton (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. WIDOWED. WIDOWED. (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to Oct. 1920. that I last saw har alive on Oct. 15 , 1920.
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
a) Trade, profession or particular kind of work Sullative Distriction (b) General nature of industry business, or establishment in	Cerebral Blemowhage
which employed or (employer) 9 BIRTHPLACE (State or country) Masuland	Contributory Oclered Sclerotts Secondary (Duration) 7 70000000000000000000000000000000000
10 NAME OF FATHER WORLD STEEL	(Signed) W. C. Cuill M. D. Oct 16 - 1922 (Address) Nighton My
OF FATHER (State or country) Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Margaret Warner 13 BIRTHPLACE OF MOTHER (State or Country) England	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At plece of deathyrsmosds. Where was disease contracted,
(Informant) The BEST OF MY KNOWLEDGE	if not et plece of dea.h?
(Address) Atholton Ind.	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UN DERTAKER ADDRESS
Filed (192) Registrar If more banks are needed, addre.s Ltate Registrar	Paston fors Ellicott City M. 7, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the (a) Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart murre, macuoumage, "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

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PLACE OF DEATH	
County Howard.	
Village or City Rollend No.	(
2 FULL NAME Samuel Frank	a
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED. OR DIVORCED (Write the word)	
6 DATE OF BIRTH	1
Mav. 4 , 1840 (Month) (Day) (Year)	
7 AGE 90 yrs. 5 mos. 18 ds. or min.?	1
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or country) Unguia	
FATHER albert Vest Paysau Coft.	
OF FATHER Z (State or country)	
of MOTHER Sarah & gouls.	
13 BIRTHPLACE OF MOTHER (State or Country) Mary Cure!	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Informant) Shelie Cobb. (Address) Elewalt City	
15 File Ling 2 3 1920 LOTA Grisch	

STATE OF MARYLAND

Registration Dist. No.

09346

CERTIFICATE OF DEATH

Rulle NAME Sac	wel Frank	St: Ward) (If d-ath occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE	S SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 2 2, 192 0
Month	(Day) (Year)	that I just saw h regulive on 22, 1925.0
0 yrs. 5	mos. 18 ds. or min.?	The CAUSE OF DEATH * was as follows:
ssion or f work re of industry	Retried	Mrs Carenday malons Freshit
olishment in or (employer)		Contributory Secondary
11 . ^	I Payson Coft.	
untry) Cor	in.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Sarah	E gouls.	13 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place In the
TRUE TO THE BES	ry Carel	of death
Showie C	abb.	Former of usual residence
23 1930 L	0/1 hisel	20 UNDERTAKER POLICE ADDRESS Elleattil
If more banks are	needed, addre.s Ltate Kegistra	ar, 16 W. Saratoga St., Eulto., i.equesting V. S. ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective cf whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia carebros, inal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

(Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; Example: Measles (disease etc. The contributory Always qualify all

V. S. No. 1

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Village or City Sarage (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1917 St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Coidowell WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July 27 M. 193 b. (Month) (Day) (Year)
6 DATE OF BIRTH august 9th, 1852 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from July 27 (192) (19
FOCCUPATION (a) Trade, profession or particular kind of work (b) Trade, profession or particular kind of work (c) Trade, profession or particular kind of work	and that death occurred on the date stated above, at T- m. The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed)
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Solution (Address) Filed 2. 2.8 196.80 Virginian Registrar	of death

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. r," etc., or At Home, and children, For many occupations a single word or term on Farm laborer, without more precise specification as Day Compositor, Architect, Laborer-Coal mine, etc. Wom-Locomotive not gainfully em-The quesengineer,

Statement of Cause of Death—Name, first, the pis-alease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condistated unless important American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping perilonaeum, etc., Carcinoma, Sarcoma, etc., oi cough; Chronic Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. valvular Always qualify all The contributory heart disease; not be

V. S. No. 1

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	>	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified.	statement of OCCUPATION is very important-See instructions on back of certificate-
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	Every item of information should be carefully supplied. ACE should be stated EXACTLY, ϕ		

Cor	PLACE C	of DEATH		15099	STATE OF MA	
				188-e	Registration Dist	. No. 191
Villag		NAME 000	r o Collins		tie	(If death occurred li hospital or institu on, give its NAME in ead of street and umber.)
	PERSONA	L AND STATISTIC	CAL PARTICULARS	MEDIC	CAL CERTIFICATE OF	DEATH
3 SEX		Color or RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	lecember 2	let , 1920
			(Write the word)	- 5	(Month) (Y CERTIFY, That I attended	
6 DAI	TE OF BIRTH	111 11 11 11	1 / 2000		192 to	
	-	(Month)	(Dgy) (Year)	that I last saw h	alive on	192
7 AGE	4.2		If LESS tha	The CAUSE OF DEA	rred on the date stated abo TH * was as follows:	
9.000	UPATION	yrsn	ds. or min	3	1 coilort "I	1. 66.116
(a)	Trade, profe	ession or stoy	redore	corepr.1	devies in	L' 11 - A
(b)	General natu	re of industry	**************************************		Q Los Q & See See See See See See See See See S	
		blishment in or (employer)	**************************************	••	(Durstion)	18mos mos mosdi
9 BIRTHPLACE (State or country)			Contributory Secondary	**************************************		
`	NAME OF	nan a		(Signed) Frank lo Ho	·· 1-11-	Portus M. D
S 11	BIRTHPLAC				(Address) Eller Or	ly 14d
L Z	OF FATHER (State or co	ountry)) ; E	*State the I Violent Causes, st Accidental, Suicidal	viscase Causing Death, or, tate (1) Means of Injury or Homicidai.	, in deaths from and (2) Whether
A _	OF MOTHER	nkn	N D	18 LENGTH OF RE	SIDENCE (For Hospitals, esidents)	Institutions, Trans
13	OF MOTHER (State or Co	e jouit	una	At place of deathyrs		yrsmosd
14 TH	E ABOVE IS	TRUE TO THE BEST	OF MY KNOWLEDGE		(racted,	0.0 \$400 F FF 00 000 A000 00000000 AHREHADOODOOM
(Informant) Minnie Macris (Paulas 2)		Former or usual residence		w0000000000000000000000000000000000000		
,	(Address	s) 1.21 [[CT]	derey at. Bult	19 PLACE OF BURIA	are Cue, S	DATE OF BURIAL
15 Fil	led Dec	23 1930 W	11 Gissell	20 UNDERTAKER	is land &	
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			Registrar	ar, 16 W. Saratoga St.,	Balto., Requesting V. S. N.	218718EA

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Light-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by American Medical Association.) tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

PLACE OF DEATH

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT BINDING MARGIN RESERVED FOR AINLY, WITH UNFADING INK--THIS IS A WRITE

15090

STATE OF MARYLAND CEPTIFICATE OF DEATH

County	Registration Dist. No. 195
Village or City Davage (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME A. Clayfor Co	naway steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEDL WIDOWEDL (Write the word)	16 DATE OF DEATH De. 6, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH Alea. 14th 1889 (Month) (Day) (Year)	17 I HEREBY GERTIFY, That I attended the deceased from 19 192 to 2 192 to 3.0, 192 that I last saw h Musilive on 2 16 130 192 ,
7 AGE [If LESS than	and that death occurred on the date stated above, at 530 A.m.
40 yrs. // mos. 2 2 ds. or min.?	The CAUSE OF DEATH * was as follows: Automobile
(a) Trade, profession or Particular kind of work	cerebral Epibolism,
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Cerebral Embolisms —
9 BIRTHPLACE (State or country)	Secondary Suddenly you mos do.
10 NAME OF Evan J. Conaway	(Signed) J. Thank Slipley M. D. 12 17 1923 0 (Address) Savoy E, Ul.
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Josephine Riefer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
19 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos, ds, State yrs mos ds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Hvz. B. Conaway	Former or usual residence
(Address) Savays, Md.	Tavage, Mu, DATE OF BURIAL DATE OF BURIAL
15 Filed / 2 / 7 /1920. Thank Shipley Registrar	20 UNDERTAKEN Jusher Laurel. Und,
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

m

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, The ques-Grocery;

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "(Tranition," "Marasmus," "Old Age," "Shock," accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify al atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Nomenclature of the Example: Measles (disease chopneumonia (secondary), affection need etc. The contributory valvular heart not disease;

v.

	PLACE OF DEATH	STATE OF MARYLAND
	Howard.	CERTIFICATE OF DEATH
Cour	nty Swarw.	Registration Dist. No.
Village	or City Efficieng E (No. 1	Malw. St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and the number.)
		MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH:
MO	le walk Single, MARRIED, See St. WIDOWED OR DIVORCED (Write the word)	Morch 9 ", 103.0. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DAT	E OF BIRTH	March 4th 196, to North 9th, 10%
	Uniterious - 1854	that I last saw ham alive on harch gth 1820
7 AGE	(Month) (Day) (Year)	and that death occurred on the date stated above, at J
7 AGE	If LESS than I dayhrs. or min.?	The CAUSE OF DEATH % was as follows:
	UPATION /	Labor brown min
(a) l	Trade, profession or journal helpes!	
V(b)	General nature of industry	(Duration)yrsmos 5
	ness, or establishment in chemployed or (employer)	Contributory My o construction with anythonic
	THPLACE (State or country)	Secondary
1 19	O NAME OF 1	(Duration)
	FATHER John Consaught	21 Mah. 10 1980 (Address) Relay - Nel
N L	OF FATHER (State or Country) Selaud	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Ideans of Injury: and (2) whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER CLUBSHOWN .	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Travious, or Recent Residents)
1.	3 BIRTHPLACE OF MOTHER (State or country) Sielaud.	At place 75 yrs. mos. da. In the State, 76 yrs. mos.
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	mal of the Fill Mallings	Former or usual residence.
(1)	mormant) Marie & Both in in allien	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Illust Expuse Ina	It (110 eschuelo in Eltering Mor 11," 1930
is File	ed March 10180 & Bird William	20 LADERTAKER ADDRESS ADDRESS MA
	if more blanks are needed, address State Registrar.	. 16 W. Saratoga St., Balto., Requesting V. S No. 1



(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the distant Causing Death, gaged in domestic service for wages, as Screant. Cook, to report specifically the occ pations of persons enployed, as it school or at home. Care should be taken definite salary), may be entered as Housewife, Houseon at home. Never return "Laborer," "Foreman," "Manager," "Dealwl. Mever, write None. household only (not paid Housekeepers who receive a laborer, Faren laborer, Laborer-Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, aspecially in industrial employments, it is necesthe first line will be sufficient, e. g., Furmer or Planter, cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. (1) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-S W.S.). For many occupations a single word or term on or At without more precise specification as Day Home, and children, not gainfully emwho are engaged in the duties of the For persons who have no occupation The material

Statement of Cause of Doath—Name, first, the pistase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*Cercorospinal fever* (the only definite synonym is "Epitamic cerebrospinal meningitis"): Diphtheria (avoid us. of "Croup"); Typhoid fever (never report "Typhoid pheumonia"): Lobar pneumonia, Bronchopneumonia ("Pheumonia"):

Chronic interstitial nephritis, etc. The contributory head of "contributory." (Recommendations on stateconditions, such as "Asthenia." Nomenclature of the American Medical Association.) ment of cause of death approved by quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Poisoned by carbolic acid—probably suicide. train—accident; Revolver wound of head—homicide; as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS State MEANS OF INJURI "PUERPERAL septicaemia." "PUERPERAL peritonitis," "Uraemia," "Weakness." etc., when a definite disease vulsions." Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need "Debility" ("Congenital," "Senile," etc.). Example: Mcastes "Anaemia" "Coma," Committee on Measles; (second-(disease (merely not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.



CORD INLY, WITH UNFADING INK--THIS IS A PENANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	UDJO STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
	Registration Dist. No. 190
Village or City Elkridge (No	St.: Ward) (if death occurred in a hospital or institution, give its NAME In stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mal White Single, Married, Widowed. Whate Or DIVORCED (Write the word)	16 DATE OF DEATH JOY 1930. (Month) (Day) (Year)
(Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from
7 AGE 7 AGE 1 If LESS the l day hr or min	8. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in Sauce which employed or (employer)	Contributory Cirps of Lever, Zerro
(State or country) Howard & Mod	Secondary Orland Scholardion yrs. 6 mos. de.
10 NAME OF Michael Coonay	(Signed) 1911 Sembor 9M. D. On 19. 19170 (Address) Elkridge M.
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in daths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Bridget Haghe	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos. ds. State yrs mos ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Elkridge And	St. augustuis hush Jaw. 22, 19 30
15 Filed Jan 20 1930 & Bid William Registrar	20 UNDERTAKER Sous Elliot City
If more branks are needed, address State Regist	rar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from laborer, Form laborer, Laborer—Coal name, etc. wom-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architeet, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Foremon, (b) Automobile foctory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*erebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor meumonia, Bronchopneumonia ("Pneumonia");

> approved by American Medical Association.) (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicacenta," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anacmia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvulor heart disease; Chronic interstitiol nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonoeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uruemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the sidata is essential and must be obtained before the certificate is permanently filed.

WRITE

V. S. No. 1

SI-	1PLACE OF DEATH
FA)	County Howard
EXACTLY, Py classified.	Village or Sity Toleralle (No.
properly of of certificat	2 FULL NAME addis 600
stated properl of certif	PERSONAL AND STATISTICAL PARTICULAR
be be	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, MAN, OR DIVORCED OR DIVORCED
uld bag	Timale (Oolevel (Write the word)
should it may s on ba	6 DATE OF BIRTH
	(Month) (Day)
ACE that	7 AGE (Month) (Day)
olled. A ms so t instructi	Was mos ds. or
nformation should be carefully supportate CAUSE CF DEATH in plain terminated CAUSATION is very important. See	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) M d (State or Country) M d
short short	(Informant) Mary Levi Molle
CIANS Statem	(Address) and my

95658 STATE OF MARYLAND

	CERTIFICATE OF DEATH
	Registration Dist. No. / 9 \\
2	St: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH May 24/t , 1930 (Nionth) (Day) (Year)
=	I HEREBY CERTIFY, That I attended the deceased from
	that I last saw har alive on 1922
an s.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
	Clerchal attacmondage.
•••	
	Contributory Collin School - Sugarling Secondary Police (Duration) 1978 T. mos. de.
_	(Signed) M. D.
	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disease contracted, if not at place of deah?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 UNDERTAKER ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

w Registrar

(Year) [If LESS th. I day h

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, sician, Compositor, Architect, Locomolive engineer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation (b) Automobile factory. The material Salesman, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart Annue," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, (secondary or intercurrent) approved by Committee on (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	04409 STATE OF MARYLAND
County Horrand	CERTIFICATE OF DEATH
County	(40)
	Registration Dist. No. 95
Village or City No. (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME CALLARY	number.)
DEDCOMAL AND CTATICTICAL PARTICULARS	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MACL 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month), 19230 (Mear)
6 DATE OF BIRTH	17 / I HEREBY CERTIFY, That I attended the deceased from
1890, 1890	1920. to 4 22 , 1920,
(Month) (Day) (Year)	thet I last saw handalive on 4/22,
7 AGE	and that death occurred on the date stated above, at
HO JAMAN I I day hrs.	The CAUSE OF DEATH * was as follows:
/ Oyrs. (mos.) ds. or min.?	Dightles, aprintation
B OCCUPATION (a) Trade, profession or	Agritusia Chy highlitis
particular kind of work	d'Effina
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs. 2. mos ds.
9 BIRTHPLACE (State or country) Howas Alex Med	Contributory Secul Cardial
I 10 NAME OF	(Durstion) yrs mos ds,
FATHER Ben Cooker	(Signed) M. D.
M 11 BIRTHPLACE	4/2 3 1970 (Address) Hull and
(State or country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
M 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place In the of death yrs mos ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
many through	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Address M. A.	Cotesrellemid upirt 1936
15 - 1 + -) VI 1007 7 - 100 1/10000	20 UNDERTAKER ADDRESS
Filed 1923 Registrar	Though Kaiser La Dus
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physicum, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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V. S. No. 1

	PLAC County	How:					
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- rtifle			ME Ed				
M E	3 SEX Male		4 COLOR OR RACE White				
g uo s	DATE OF E	BIRTH	July		31th	1 ,1	.84
no		**********	(Moi	nth)	(Day))	(Year
7	AGE	72	10 yrs.	mos	9	If LES	h
100	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland						
	10 NAME		Richa				
RENTS	11 BIRTH OF FA (State		ry)	Me	rylar	nd	
			Emily	Kir	sey		
of MOTHER EMILY KINSEY 13 BIRTHPLACE OF MOTHER (State of Country) Maryla				rylan	d		
14	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW						
(State or Country) (State or Country) Mary 1and (Address) (Informant) (Address) (Address) (Address) (Address) (Address)				0 200 0 10			
	(2)	ddress)	********* ** *****	vill			ѓе

06786

STATE OF MARYLAND CERTIFICATE OF DEATH

1843 (Year) If LESS than

I day hrs. or min.? Registration Dist. No. 194

St.: Ward)	(If death occurred I
	tion, give Its NAME In
	stead of street an number.)

MEDICAL	CERTIFICATE	OF DEATI	Н
16 DATE OF DEATH		9th	_
	ERTIFY, That I		
***************************************	192 to		192
that I last saw ha and that death occurred The CAUSE OF DEATH	on the date stat	ed above, at	6-30P
Dialation	of Hear		
************************************	(Duration)	yro	. mosd
Contributory	************************************	*******************	
(Signed) Frank blog	(Duration) Lubolton (AC) Address Ellico	ing Coron	.mosd
*State the Disca Violent Causes, state Accidental, Suicidal or I	se Causing Deat	1	eaths from (2) Whether
18 LENGTH OF RESID		pitals, Instit	utions, Tran
At place of death yrsmos. Where was disease contracte if not at place of dea.h? Former or usual residence	ds. S	he tateyrs	ded
19 PLACE OF BURIANO	RREMOVAL	1 - 0	F BURIAL

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, Civil engineer, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

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1930

11	CORD	d EXACTLY, PHYSI- priy classified. Exact tificate.
MARGIN RESERVED FOR BINDING	WRITE AINLY, WITH UNFADING INK-THIS IS A POWANIENT CORD	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
.1 MARG	WRITE AINLY, WITH UNF.	Every item of information should be CIANS should state CAUSE CF DE statement of OCCUPATION is very it

	1PLACE OF DEATH	1
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	PERSONAL AND STATISTICAL PARTICULARS	
	SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED GIE (Write the World) SIE	16 DA
6 [DATE OF BIRTH	17
	July 17th , 1 1876 (Month) (Day) (Year)	that I
7 A	If LESS than I day hrs. or min.?	and th
() P () b	a) Trade, profession or articular kind of work b) General nature of industry susiness, or establishment in	
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	13 BIRTHPLACE OF MOTHER (State or Country) Mory Land	At place of deat
14	(Informant) D. Crapstor Ir.	if not Former usual re
	(Address) Woodbeile, Md.	19 PL/
15	Filed Drey 1920 Mrs alice SV Helf	20 UN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

g	St.: Ward) (If death occurred in a hospitul or institu- tion, give its NAME in stead of streat and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH NOV. 14th 1930
=	(Month) (Day) (Year)
6	
	that I last saw halive on, 192,
n	and that daath occurred on the data statad abova, at 6-30 Pm.
).)	The CAUSE OF DEATH * was as follows:
-	Auto. Accdt.
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	evering Juntler fein
	(Durstion)yrsds.
	Contributory Secondary
_	(Durstjon) yrs mos de.
	(Signed) Trank & Begustollow Acting Gorous M.D.
	Nov 14 1930 (Address) Elical Esty Ud
_	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Racant Residents)
	At place In the
	of death yrs dos State yrs dos dos Whera was disease contracted, if not at place of death?
	if not at place of dea.h?
	usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Florence Id. 17., 19.
	3 C Wiginbothom
	P. O. ISINDUULOM I Shott as

If mora bianks are neaded, addre.s Ltata Ragistrar, 16 W. Saratoga St., Balto., Requasting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

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County County	90 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 195			
was savaes	/16 J-24h J-1-			
Village or City (No. 2FULL NAME Isarah Cu	St.: Ward) a hospital or institution, give its NAME is stead of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 12, 1980 (Month) (Day) (Year)			
6 DATE OF BIRTH Sept. 4., 1921 (Month) (Day) (Year)	that I lest saw h simplify on Tel- 2 [1920]			
7 AGE IIFLESS than	and that death occurred on the date stated above, at 8 4. m.			
7 5 1 day hrs.	The CAUSE OF DEATH * was as follows:			
yrs	Reguestation.			
(b) General nature of industry business, or establishment in	3 3 3			
which employed or (employer)	(Dyration) yrs. mos ds.			
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration A 7 yrs. a mos de			
10 NAME OF Sery, Cury	(Signed) Thank Ellipley M. D. 2 / 1 30192 (Address) Sander Will			
OF FATHER (State or country) 12 MalDEN NAME () 1 MALDEN NAME () MALD	Visitate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
of MOTHER Clara Wallace	13 LUNGTH OF RUSIDENCE (For Hospitels, Institutions, Trans-			
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmos,ds. Where was disease contracted,			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dee.h?			
(Informant) Lergrance Wallace	Former or usual residence			
(Address) Savay, Wh.	leshing, faver led. 3/3/3,019			
Filed 3. 1930 Littacum Registres	E. U. Fisher Sauch Wed			
If more banks are needed, address Ltate Negistrar, 16 W. Seratoga St., Balto., Requesting V. S. ho. 1.				

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Signification of the properties of the preumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n-ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "('E:haustion,'' "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

N. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD MANENT BINDING MARGIN RESERVED FOR V, WITH UNFADING INK--THIS IS AINLY, WRITE

V. S. No. 1

PLACE OF DEATH	10499 STATE OF MARYLAND
County Howard Co.	CERTIFICATE OF DEATH
	Registration Dist. No. 191
Village or City Ellicott aty (No.	St.: Ward) (If death occurred in
2FULL NAME Frax Da.	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flanales White (Write the word)	16 DATE OF DEATH Sept 2 4 , 1923 - 1923 - (Month) 24 (Day) /930(Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
May 24 , 1851	192 \ 192 \ . to \ 192 \ . 192 \ .
(Month) (Day) (Year)	that I lest saw h celive on 1921,
along t of g years old. It day hrs.	end thet death occurred on the date stated above, atm. The CAUSE OF DEATH/* was as follows:
yrs. 1 4 mos. Ods. or min.?	
(a) Trade, profession or particular kind of work	Willae a Mille
(b) General nature of industry business, or establishment in	9
which employed or (employer)	(Duration)yrs,mosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF A	Duration) yrs mos de
FATHER Francis William	(Signed) M. D. Le Do Z. 1925 J. (Address) Eleers Cl. M. D.
OF FATHER (State or country) Sermany.	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
of MOTHER Mary Mc Donald.	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or country) Buttimore	of deathyrsds. Stateyrsds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant Ms. a. S. Vingraham)	Former or usual residence.
(1) Out Pales Our Batha P	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) D. Lake we: Nam, to	Cuthedral Cometery Sept 26, 1900
Filed Sept 24 1930 W/d Grissel	20 UNDERTAKER ABDRESS SONE ME CONTRACTOR

If more blanks are needed, address tate Registrar, 16 W. Safatoga St., Balto., Kequesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs For persons who have no occupation state occupation at beginning of illness. If retired from business. that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesto report specifically the occupations of persons enhousehold only not raid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer." "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, etc., For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day single word or term on

si inal meningitis"; Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EA DOWN OF DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bis-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,"

Marin Francisco

approved by Committee on telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "(E:haustion," "Heart failure, Liaemoriumge, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Confenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory Nomenclature of the

auswend in detail, it will prevent further correspondence. All the that a is essential and must be obtained before the certificate is It this certificate is looked over thoroughly and all qu stions permanently filed.

CORD

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact MANENT BINDING MARGIN RESERVED FOR AINLY, WITH UNFADING INK-THIS IS A

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	H	1	
certificate.		PLACE OF DEATH	12508 STATE OF MARYLAND
		County Howard	CERTIFICATE OF DEATH
			90 Registration Dist. No. 195
	Vi	liage or City hear Ellieott ligno.	St: Ward) (If death occurred In a hospital or Institution, give its NAME in
		2FULL NAME Garah Verguia Da	stead of street and number.)
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ck of	3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MASSILED WIDOWED. OR DIVORCED	16 DATE OF DEATH Octo 3 , 19830
bad	1	emale White (Write the word)	(Month) (Day) (Year)
s on	6 1	Jan 13 1853	17 HEREBY CERTIFY, That I attended the declared from 19230. to 19230, 19230,
struction		(Month) (Day) (Year)	that I last saw her alive on Oct - 2 200, 19230,
ncı	7 /	If LESS than	and that death occurred on the date stated above, at
ıstr		77 yrs. 7 mos. 20 ds. or min.?	The CAUSE OF DEATH * was as follows:
o Ir		a) Trade, profession or A L' A	Reguestation
Se		particular kind of work Demustic Dules	
-		b) General nature of industry	2 / /
orta	3	which employed or (employer)	(Duration) yrs mos ds.
Impo	9 E	(State or country) West Virginia.	Contributory Secondary (Duration) yrea mos de.
very		10 NAME OF Christian Dacher	(Signed) Drawhethiglay M. D.
8	S	11 BIRTHPLACE OF FATHER	(Address)
O	Z	(State or country) West Vergina	*State "the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PATI	PARE	of MOTHER Polly Dove	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
CCU		13 BIRTHPLACE OF MOTHER	At place In the
0	1	(State or Country) Ulguna	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
t of	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
tement		(Informant) Slorge W Dushler	usual residence
ten		(Address) Elliest leit AT. D	19 PLACE OF BURIAL OF SEMOVAL DATE OF BURIAL

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UN DERTAKER

pley Registrar

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more present of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. Automobile factory. The material But in many (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic and consequences (e. g., sepsis affection need not be etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

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APD	EAT Imp	9 8	(State or country)
UNFA	ould DF Di		10 NAME OF Sur. Tuffin
WITH	USE CON is	NTS	11 BIRTHPLACE OF FATHER (State or country)
-	matice CA	PAREN	OF MOTHER Uliveria Poulton
AINLY,	Inford		13 BIRTHPLACE OF MOTHER (State or country)
WRITE	ANS should	14	(Informant) Herry DE au (Address) Ellifold City. U.L.
	BEV CI et	15	Filed 192 Registra
	-	-	te 1. 1

PLACE OF DEATH

2FULL NAM

PERSONAL AND STATISTICAL PARTICULARS

(Month)

COLOR OR RACE

5 SINGLE,

MARRIED,

WIDOWED, OR DIVORCED (Write the word)

(Day)

County

3 SEX

7 AGE

6 DATE OF BIRTH

8 OCCUPATION
(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in

which employed or (employer)

129

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Unct	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
LARS	MEDICAL CERTIFICATE OF DEATH
arried	16 DATE OF DEATH (Month) 3 (Day) - 7 (Year)
, 1880 (Year)	17 JI HEREBY CERTIFY, That I attended the decrised from 1920, to 1920, that I last saw has alive on 1920, 1930
If LESS than I day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
or min.?	Haennhage
in	Contributory Secondary Contributory Contri
	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
thou	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
DGE	Where was disesse contracted, if not at place of death? Former or usual residence
lus.	muity Church Drey und 3/8/34.
Registrar	Easteris Surs Elicat City;

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Civil engineer, Physician, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, stated unless important Example: Measles (disease (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; L Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic chopneumonia (secondary), The nature of the injury, etc. The contributory affection need valvular heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, HYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact MANENT MARGIN RESERVED FOR BINDING AINLY, WITH UNFADING INK--THIS IS A P WRITE

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Source,	CERTIFICATE OF DEATH
21/1 / 4	Registration Dist. No.
Village or City // TTUST (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Mary Grace	Sousvaud tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Feerale Whele (Write the word)	16 DATE OF DEATH 3, 19231 (Math) (Day) (Year)
6 DATE OF BIRTH Feb. 2, 187	17 I HEREBY CERTIFY, That I attended the deceased from 192 9. to Supply 1.3, 1930.
(Month) (Day) (Year) 7 AGE (If LESS than	that I last saw har alive on dept. 1964, and that death occurred on the date stated above, at 50 m.
54 M 11 day hrs	. The CAUSE OF DEATH * was as follows:
mos. ds. or min.	Cara a saa A Barast
(a) Trade, profession or particular kind of work	Caremany July
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) / yrsds,
9 BIRTHPLACE (State or country)	Contributory Secondary
1 10 NAME OF SURVEY CHILLY	(Duration) yrsmosds.
From Regas Brown	Sept 13198 0 (Address) De place 100/11 land
OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country) (Tree Called .	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
a father Van XIII	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER	At place of death
(State or Country)	Where was disease contracted, if not at place of dea.h?
741.00	Former or usual residence
(Informant) William Dustan	19 PACE OF BURIAL OR DEMOVAL DATE OF BURIAL
(Address) 1000 aloch Mg.	Tauch Cell. Sept. 15.1.30
15 Filed Sept 1 1980 Edu + Chipan Registral	20 UNGERTAKER/ LOUS HORESS CUL
- July II	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., <u>a</u> nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, 6 For persons who have no occupation Stationary fireman, etc. Automobile factory. The Locomotive engineer, But in many (b) Grocery; materia Wom-

spinal mening ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DISfever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar Typhoid Jever preumonia, never report "Typhoid Pneumonia") ; Diphtheria (avoid use of "Croup"); Bronchopneumonia ("Pneumonia,

> arbolic acid—probably suicide. The nature of the injury, as fracture of skull, (Recommendations on statement of cause of death American Medical Association.) approved by Committee on tetapus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertaken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic and consequences (e. g., sepsis, etc. The contributory affection valvular heart Nomenclature of the need disease; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

Ce	PLACE OF DEATH Dunty Howard Near Q'	10500 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 194
Vi	lage or City Dungsnisulle (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Male Color or race 5 SINGLE, MARRIED, WIOOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (M)nth) (Day) (Year) 17 HEREBY CENTIFY. That attended deceased from
	DATE OF BIRTH (Month) (Day) (Year)	that I last saw how alive on Sept - 15 1930,
	AGE 55 yrs. mos. /8 ds. If LESS than 1 day, brs. OR min. ?	and that death occurred on the date stated above, at 73 m. The CAUSE OF DEATH ** was as follows: Jastuc
1	OCCUPATION (a) Trade, profession, or particular kind of work (b) General natore of industry business, or establishment in	Lacuroma '
O	which employed (or employer)	Contributory Cycardial Gusuff. Secondary (Duralien) / 2, 713 1 mos 43.
	10 NAME OF Remus Dusey	(Signud) / Thank Shipley, M. O. 9/16 369. (Address) Savoge Wed.
	of FATHER (State or country) Manual Control of Mother alice Carter	O State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	OR RECENT RESIDENTS) At place to the death yrs
1	(Informant) Slewert V. Drisey	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1	(Address)	Locust Chapel Cerustery Sept 19, 1030
	If more blanks are needed, address State Registrar,	16 W. Sarstogn St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. is provided for the latter statement; it should be used business or industry, and therefore an additional line ness of various pursuits can be known. For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever Stationary fireman, etc. etc. If the occupation has been changed The material worked on may form part Women at home, who are engaged in Locomotive engineer, But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anacmia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Corcinomo, Sarcoma, etc., of suicide. Struck to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths "PURRPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the nephritis, etc. (name origin; "Cancer" is less definite; avoid use of birth or miscarriage symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-" "Old Age," "Shock," "Uraemia," "Weakness," by railway troin—accident; Revolver wound Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause for which Never report mcre (Recommendations ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 7 1989

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	PLACE OF DEATH	05660 STATE OF MARYLAND
rtificate.	County Howard	CERTIFICATE OF DEATH
		Registration Dist. No. 194
	Village or City Cocksoller	
	2 FULL NAME May Vigue	St.: Ward (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Jewale Whete Single, MARRIED WIDOWED. OR DIVORCED (Writerly which)	16 DATE OF DEATH May /1, 192 30
0	6 DATE OF BIRTH	(Month) (Day) (Year)
0 0	Mas. 8 157	apr. 300- 1920. 19 May 10 , 1926.
HOLL	(Month) (Day) (Year)	that I last saw her alive on Physic 30- 1934.
ncti	7 AGE	and that death occurred on the date stated above, and A.m.
DSC.	/3 yrs. 2 mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
96	OCCUPATION (a) Trade, profession or	
0	particular kind of work Definition	Вжено виши
	(b) General nature of industry business, or establishment in	5-
	which employed or (employer)	Contributory Chronic Nephrills -
du	9 BIRTHPLACE (State or country)	Secondary Survey
ary	10 NAME/OF	(Signed) (Duration) yrs mos de.
20 0	Jacquel Dorsey,	May 1/- 1922 (Address) (Trailleand Ma
	OF FATHER	
2	(State or country) / ary (State or country) / ary	*State the Disease Causing Death, or, In deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
2	of Market August Harding	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or Country) // Ary likes	of death yrs disease contracted,
3 1	14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE	if not at place of dea.h?
	(Information : Multing & Volume	usual residence
	(Address) Clark mile The	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
	Filed May / 19230 & Registrar	20 UNDERTAKERY Sous Ellie St City
	If more branks are needed, address State Registrary	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more relative etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Compositor, Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material who are engaged in the duties of the npositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (a) the kind of work and also (b) the Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inamition," "Marasmus," "Old Age," "Shock," "Exhaustion," "Heart failure," "IIaemorrhage, "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature of the cough; or intercurrent) affection need not be Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory etc., of

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ANENT ACE WITH UNFADING INK--THIS

06787 PLACE OF DEATH

5 SINGUE, MARRIED, WIDOWED. OR SIVERCE (Write the work)

(Day)

(Year)

Ilf LESS than

I day hrs.

ds. or O min.?

Registrar

If more blanks are needed, addre. s State Registrar, 16 W. Saratoga St., Balto., Requesting Y. J. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH
Registration Dist. No. 19
St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Mue 14, 1930
(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 192 to 192
that I last saw h A alive on
The CAUSE OF DEATH * was as follows?
(Durstion) yrs. 5 mos. ds.
ContributorySecondary
(Signed) (Signed) (Signed) (Signed) (Address) Ellie SUCily M. D. *State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE O
Caston Sous Elizabliti

Exact properly classified. of certificate. uld be state pe See instructions on back may that it So Every item of information should be carefully supplied. CIANS should state CAUSE OF DEATH in plain terms signatement of OCCUPATION is very important. See instru AINLY. WRITE

Village or City

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE (State or country) 10 NAME OF

IL BIRTHPLACE

12 MANDEN NAM

MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

(Address

(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)

3 51

7 AGE

PARENTS

15

Filed

PERSONAL

AND STATISTICAL

(Month)

mos.

COLOR OR RACE

V. S. No.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more preceded mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Heart failure, Haemorinage, "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, "Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic valvular heart ," "Coma," "Convulsions, etc. The contributory disease;

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X		PHYSI.
MARGIN RESERVED FOR BINDING	WRITE AINLY, WITH UNFADING INKTHIS IS A PERMANENT CORD	N. B.—Every item or Information should be carefully supplied. ACE strand be stated EXAGTLY, PHYSI-CLANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V S. No. 1	WRITE	N. BEvery Item o Clans shoul

PLACE OF DEATH County Courty	STATE OF MARYLAND G533 CERTIFICATE OF DEATH
11	Registration Dist. No. 190
Village or City Harwory (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 SER 4 COLOR OF RACE 5 SINGLE MARKED WILD VED OR DIVERSE (Write the word)	16 DATE OF DEATH 2.6, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH (Mighth) (Day) , 1853 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 12 50. to 26, 1930 that I last saw h alive on , 192,
7 AGE 7 AGE 1 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at /235Am. The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work.	apople
business, or establishment in which employed or (employer)	Contributory Contr
10 NAME OF LIVE DERLING	(Signed) 130 (Address) Ellinger M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in teaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER ENERGY 13 BIRTHPLACE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Iransients or Recent Residents) At place
(State or Country) 14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds. Where was disease contracted, it not at place of dea.h?
(Address) Elk Midgs Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOTAL DATE OF BURIAL LOTAL DEL DEL DATE OF BURIAL LOTAL DEL DEL DATE OF BURIAL LOTAL DEL DEL DEL DATE OF BURIAL LOTAL DEL DEL DEL DEL DEL DEL DEL DEL DEL DE
15 Filed Jan 28 1930 & Bild William	Easton Sono Ellical Cit
If more banks are needed, address htate Kegistra	, 16 W. Saratoga St., Balto., Requesting Vy S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the (secondary or intercurrent) affection need not be strted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mere! y symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular etc. The contributory Always qualify all heart disease;

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WRITE

V. S. No. 1

(Informant)

(Address)

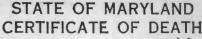
/	
1	
X	
/	

PLACE OF DEATH

2FULL NAME

Howard County.

09347



	 						-
						10	
E	 	tion	Dist.	N.	- 1	9	/

Tillicott City(No Mary land Village or City

Sophie Dunkel

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.)

	emale		or or race	WI	NGLE, RRIED, DOWED. DIVORCE rite the work	d) whdow
6	DATE OF BIRT	тн			had to	
	THE R	***************************************	June (Mont		21 (Day)	, 1849 (Year)
7 4	GE	31	yrs. 1	mos,_	20 a	If LESS that I dayhrs s. ormin.
p	a) Trade, pro articular kind	of wo	rk	Re	tired	
p (l b		of wo ture of tablishmed or (er	industry nent in mployer)	***************************************	tired	
p (l b	articular kind b) General na usiness, or est rhich employe	of wo ture of tablishn d or (er	rk industry nent in nployer)	and		Pue
(l b w 9 E	articular kind o) General na usiness, or es rhich employe BIRTHPLACE (State or coun	of wo ture of tablishm d or (er ntry)	industry nent in nployer) Waryla Charle	and os R		Pue
p (l b	articular kind o) General na usiness, or es rhich employe BIRTHPLACE (State or coun 10 NAME OF FATHER 11 BIRTHPLA OF FATHE	of wo ture of tablishn d or (er ntry)	industry nent in nployer) Waryla Charle	and R	idgley	Pue

MEDICAL	CERTIFICATE	OF DEATH	
16 DATE OF DEATH	August	lath,	19230
***************************************	(Month)	(Day)	(Year)
Y	RTIFY, That I att		
	. I 92 to		
that I last saw hali			
and that death occurred of the CAUSE OF DEATH *		above, at	Ramillan.
	nuo uo totto not		
Fracture of	scull a	left ar	m
torn out		s 	
Struck by a	utomobile) yremo	da.
Contributory Secondary	(Cirk Cs br) = = = = = 0,000 ar as a C = 000000000000000000000000000000000		
	(Duration)	VIS me	ds.
(Signed) Frank lo High	ubothous act	ing Corver	
A	ddress) Elleett	-	****
*State the Instance Violent Causes, state Accidental, Suicidal or Ho	Causing Death, (1) Means of In omicidal.	or, in deat	hs from Whether
18 LENGTH OF RESIDE	NCE (For Hospi	tals, Institution	ons, Trans-
ients or Recent Resider	its)		
At place of deathyrsmos	ds. In the	eyrs	mosds.
Where was disease contracted if not at place of dea.h?		*****************	
Former or usual residence	**************************************		***************************************
19 PLACE OF BURIAL OR	REMOVAL	DATE OF	BURIAL
St Yohu.	· Cem.	ally 19	19.32
20 UNDERVAKER	8	ADDRESS	· Wri
Maslon	Dono	Ollica	10x 4/5
16 W. Saratora St., Balto	Requesting V.	D. No. I.	- /

If more banks are needed, address tate Registrar

Jones (Niece

Registra

licott City, Md.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimens, laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery:
(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Physician, or given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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3 SEX

7 AGE

PARENTS

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE

(a) Trade, profession or

particular kind of work

(b) General nature of industry business, or establishment in

which employed or (employer)

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

MARRIED, Marie

WIDOWED

OR DIVORCED (Write the word)

(Day)

(Year)

If LESS than

I day hrs.

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No.

(If death occurred in

a hospital or institu-

tion, give its NAME in-

levall	number.)
MEDICAL CERTIF	ICATE OF DEATH
	1925
17 I HEREBY CERTIFY,	onth) (Day) (Year)
	January 1, 193h.
and that death occurred on the d The CAUSE OF DEATH * was as a	ollows:
Contributory	ution) / yrs. mos. de.
(Dur	ation) yrsmosds
(Signed) (Address)	Ferry Ind M.D.
*State the Disease Causin Violent Causes, state (1) Mer Accidental, Suicidal or Homicidal.	ng Death, or, in deaths from ans of Injury and (2) Whether
18 LENGTH OF RESIDENCE (F	or Hospitals, Institutions, Trans
At place of deathyrsmosds.	In the Stateyrsmosds
Where was disease contracted, if not at place of death?	***************************************
Former or usual residence	
19 PLACE OF BURIAL OR REMO	PATE OF BURIAL

σĝ

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quescup tion is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as 'At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the how ehold only (not paid Housekcepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (6) Grocery;

Streement of Cause of Death—Name, first, the DIS-EAS. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever. (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Recommendations on statement of cause of death tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Nomenclature "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, Whooping telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Measles; disease;

If this certificate is looked over thoroughly and all qu stlons and wered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Howard	30 (1441) STATE OF MARYLAND CERTIFICATE OF DEATH
Ment ha all	Registration Dist. No. 192
Village or City III JULIUS TO NO	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1000 Mulo Single, Married, Married Widowed. Or DIVORCED (Write the word)	16 DATE OF DEATH Shill (Month) (Day) (Year)
September 23, 1905. (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I Stended the deceased from March 18 1920. to Flore 31, 1925, that I last saw h Walive on March 31, 1927,
7 AGE 24 yrs. 6 mos. 4 ds. or min.?	and that death occurred on the date stated above, at 12 Pm. The CAUSE OF DEATH was as follows:
(a) Trade, profession or Housewife	acule Grundmorius Phillians
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 9 mes ds.
9 SIRTHPLACE (State or country) Howard Co Med	Contributory Secondary (Dynation) (Dynation) (Dynation) (Dynation)
10 NAME OF THOMAS Hysoley	(Signed Saull J. Spreches M. D.
OF FATHER (State or country) Howard Co	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Milcox	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Howard Co	At place of deathyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deash? Former or usual residence
(Informati) (Address) Oykerulle Wed	Mr. View Cornetery Ger. 3. 1930
Filed Ofr 2 1930 John World Registrar	Well a Sow Sykesville
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the bulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, (a) Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in dome-tic service for wages, as Servant, Cook ployed. us At school, or At home. Cure should be taken work, definite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Housemaid, etc. If the occupation has been changed to report specifically the occupations of Foreman, or At Home, and children, For many occupations a single word or term or Farm laborer, Laborer-Coal mine, etc. Womyrs . (b) Cotton mill; without more precise specification as Day Compositor, For persons (b) Automobile factory. The material Architect, Locomotive engineer, (a) Salesman. (b) who have no occupation not gainfully empersons en-Grocery;

Strtement of Cause of Death—Name, first, the Dis-EASE (NUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Lightheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> earbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Sanile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepeis, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases restiting from childbirth or miscarriage as inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of
> (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJUNY Chronic valoular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

>	1	Y, PHYSI-	
X	CORD	EXACTI.	
OR BINDING	A PF-MANENT	ACE should be stated EXACTLY, PHYSI-that it may be properly classified. Exact tions on back of certificate.	
N.	A	4CE that tions	

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See instructions

DEATH in plain terms so

d state CAUSI

CIANS should statement of OC

15 Filed

WRITE

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER

	PLACE OF DEAT	гн			(3)
	County Jow	ard	************		
Vil	lage or City & LL	rest	City	7.	, t
	² FULL NAME	2-J 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Ec	kles
	PERSONAL AND	STATIST	ICAL PA	RTICUI	LARS
3 5	Jn. 4 GOLOR	OR RACE	S SINGL MARRI WIDOV OR DIV (Write t	ED,	
6 1	DATE OF BIRTH	Offr (Month)	il (23 Day)	, 1 <u>93</u> 0
7 /	AGE Syrs.	tielb	Jrv.	ds.	If LESS than I day hrs. or min.
(p	occupation a) Trade, profession or articular kind of work b) General nature of ind usiness, or establishment which employed or (emplo	in			
9 E	STATE OF COUNTRY)	m	arol	and	
	10 NAME OF FATHER	orn	ale	1. Ec	kles
ENTS	11 BIRTHPLACE OF FATHER (State or country)	m	aryl	and	4
PARE	12 MAIDEN NAME OF MOTHER	Tild	rea	L. K	lover

04802 STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Megistration D	110	
Ward)	a hospital	occurred in or institu- ts NAME in- street and

16 DATE OF DEATH	Gril	_ 2:	3	1930	
***************************************	(Month)	(1	Day)	(Year)	po.
17 I HEREBY CE	ERTIFY, That	I attende	d the dec	ceased from	3
0.0	192 to			, 192	
that I last saw ha				192	
and that death occurred The CAUSE OF DEATH	on the date at	tated above:	ve, at //	301. m	
Stil	lborn_	* * * * * * * * * * * * * * * * * * *	~~ a a a a a a a a a a a a a a a a a a	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	2(Durstion)	yra	2/5 m	osda	
Contributory Secondary	akno	m	<u></u>	**************************************	
(Signed)	(Duration)	zee.	m	osds	
afail 23.1930 (Address) El	lica	eelli	in the	9
State the Disease Violent Causes, state Accidental, Suicidal or I	e Causing D (1) Means o Homicidal.	eath, or, f Injury	in deal and (2)	s from Whether	
18 LENGTH OF RESID		iospitals,	Instituti	ons, Trans	,
At place of deathyrsmos	ds.	n the State	yrs	.mosda	
Where was disease contracte if not at place of dea.h?	ed,	•••••	***************************************		_
Former or usual residence				**********	_
19 PLACE OF BURIAL O	R REMOVAL	a	pr 2	3, 1930	-
20 UNDERTAKER		CONT	DRESS	- C-	-

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

en at home, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return"Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer—Coat mine, etc. would nome, who are engaged in the duties of the (b) Cotton mill; (a) Salesman, without more precise specification as Day 6 For persons who have no occupation Automobile factory. The not gainfully em-(b) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Received Bureau of V.S.

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic The nature of the injury, etc. The contributory valvular heart disease; Nomenclature " "Convulsions,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently lied.

MAY 241930
BUREAU V. S.

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PLACE OF DEATH	STATE OF MARYLAN
County Howard	CERTIFICATE OF DEATH
near of bi- on.	Registration Dist. No.
Village or City Syperson	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME James Elm	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattanded the deceased from
ang, 31, 1929	October 15 1920 to October 16, 1923)
(Month) (Day) (Year) 7 AGE [If LESS than	that I last saw h Malive on Court Co., 1927
I dayhrs.	
yrs. mos. 6 ds. or min.	
(a) Trade, profession or particular kind of work	/ Troncho-(Inlumonia
(b) General nature of industry business, or establishment in	(2.1)
which employed or (employer)	(Duration) yrs, mos / da
9 BIRTHPLACE (State or country)	Secondary (Durstion) yrs mos ds
10 NAME OF Chas Thomas	(Signed) Alphan Herbert M. D
II BIRTHPLACE OF FATHER	JUN 1920(Address) 7 Clark Market
Z (State or country) M.C.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Shies Evens	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
19 BIRTHPLACE OF MOTHER OF CONTENTS	At place of death yrs. mos. ds. State yrs. mos. ds.
(State or Country)	Where was disease contracted, if not at place of death?
me . The mass	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Syperville Ma	Springfield Courtey Oct 1819.3
15 Filed/19 1030 Edn. J. Cavey Registrar	Leer you superial
If more hanks are needed, addre, a State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. 6. 1. Wel

REVISED CERTIFICATE OF UNITED STATES DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupationor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., Civil engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Worn-(b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material without more precise specification as Day Stationary fireman, etc. But in many -Precise statement of ocsingle word or term on

· spinal meningitis"); Diphtheria (avoid use of "Croup fever : (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Ezhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; or intercurrent) for malignant neoplasms); Chronic Example: Measles (disease ," "Coma," "Convulsions, affection need not etc. The contributory valvular heart disease; Nomenclature Measles ;

answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions

permanently filed

BINDING

FOR

RESERVED

MARGIN

S. No. 1

5

	PLACE OF DEATH	05661 STATE OF MARYLAND CERTIFICATE OF DEATH
	County / SW W	Registration Dist. No. 190
	Village or City Henover (No. 2FULL NAME William Joh	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 30, 1930 (Month) (Day) (Year)
2	6 DATE OF BIRTH Mcl. 22, 1979. (Month) (Day) (Year)	17 I HEREBY CERTIFY, that I attended the deceased from 30, 1970, that I last law h walve on 30, 1970,
	7 AGE If LESS than day hrs. or min.?	ond that death occurred on the date stated above, at 10.23 m. The CAUSE OF DEATH * was as follows:
1	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	gheard:
0	business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory (Duration) yrs. mos ds. Contributory (Secondary Secondary Vis. frames de.
	10 NAME OF FATHER Jeorge Evoig. 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
	(Informant Mino Kathering Urbach (Address) Havover nowsialer)	Former or usual residence
	Filed May 31 1930 C. Kind William	20 UN DERTAKER ADDRESS ADDRESS ALT ST Soul To the W. Saratoga St., Balto., Requesting V. S. No. 1.
- 1	If more blanks are needed, address State Registrar	, 10 II. Datatoga St., Datto, Moduceting I. V

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plonter, er," etc., without more precise specification in laborer, Laborer,—Coal minc, etc. Woinen at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). without more precise specification as Day Stotionary firemon, etc. For persons who have no occupation Locomotive engineer, But in many (6) Grocery,

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebros pināl fever* (the only definite synonym is *Epidemic cerebros pināl meningitis*); *Diphlheria* avoid use of *Croup*); Typhoid fever* (never report *Typhoid Pneumonia, *Lobar pneumonia, *Bronchopneumonia* (*Pneumonia, *Pneumonia, *Pne

E E

inges, perilonocum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septimenia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephrilis, etc. The Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid Chronic valvular heart diseose; Example: Measles (disease Nomenclature Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

X	PHYSI- d. Exact	
CORD	EXACTLY, rly classifie ificate.	
WRITE AINLY, WITH UNFADING INKTHIS IS A PLANENT CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
IS IS A P	ed. ACE s is so that I structions	
JINKTH	fully suppli	
UNFADING	id be care DEATH in ery importa	
Y, WITH I	CAUSE OF	
E VINT.	ould state	
WRIT	CIANS sh	
	N. W.	
		- 1

PLACE OF DEATH County Normand	05662 STATE OF M CERTIFICATE Registration D	OF DEATH
Village or City Clarksville (No. Federle	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
13 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month)	
6 DATE OF BIRTH 19-30 - , 1930 (Year)	that I last saw h alive on	, 192,
TAGE Obout 6 welks we were a life LESS than I day hrs. or mos. ds. or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER WILLELING M MANUEL 13 BIRTHPLACE	and that death occurred on the date stated of the CAUSE OF DEATH * was as follows: Mather about a death of the CAUSE OF DEATH * was as follows: Mather about a death of the Causing Contribution of Causing Livery of Causing Legal of Language of Causing Legal of Longitudients of Residents) At place In the	or, in deaths from (2) Whether als, Institutions, Trans-
OF MOTHER (State of Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death	yrsmosds.
(Informant)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed 192 Registral	20 UNDERTAKER	ADDRESS
If more blanks are needed, addre a State Kegistral	r, 16 W. Saratoga St., Balto., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., (a) Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Ilaemorrhage," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcona, etc., ol approved (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY by Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all Measles ;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

20

N. B.-

PLACE OF DEATH	03052 STATE OF MARYLAND
County. Volvana	Registration Dist. No. 193
Village or City Gatthey (No	St: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and
2FULL NAME Chura Laura	Jety number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the word)	16 DATE OF DEATH Max. 6, 19236 (Month) (Day) (Year)
6 DATE OF BIRTH 2000 - , 1869	17 I HEREBY CERTIFY, That I attended the deceased from 19 2 192 to Marchy 6, 1936
(Month) (Day) (Year) 7 AGE If LESS than day hrs. day hrs. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or Morre particular kind of work	Jung (ademalors premous
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Brafish Australy Secondary
(State or country) 10 NAME OF FATHER Schowood Grove	(Signed) X axial Deficiency M. D
11 BIRTHPLACE OF FATHER (State or country) 12 MolDEN NAME	*Style the liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Diggerateff	13 L'.NGTH OF RESIDENCE (For licepitals, Institutions, Transients or Recent Residents) At place In the State yes most detail
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds Where was disease contracted, if not at place of dea h?
(Informant Derry E. Felty	Former or usual residence
(Address) Gsither Me.	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May, 8, 1932
Filed Mar 8 1923 / M Massar	Meer ason Ine. Syption De
If more blanks are needed, addre.s tate Registra	ar, 18 W. Saratoga St., Balto., Requesting V. S. I.o. 1. Md

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise sperimental relationer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Househeepers who receive a definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to cuch and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement or given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"

> American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar or intercurrent) affection need not be st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

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V. S. No. 1

PLACE OF DEATH County Howard	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. /9/
Village or City Opena (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Color or RACE 5 SINGLE, MARRIED, WIDSHIPS, WIDSHIPS, WIDSHIPS, WILL WITCH WITCH WITCH	16 DATE OF DEATH 200 10 1930
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY That I attended the deceased from any 1927 to December 1929, that I last saw h 1 walve on December 26, 1929,
7 AGE 6 5 yrs. mos. 9 ds. or min.?	and that death occurred on the date stated above, at 2,20 A.m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Chronic myscardilis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Unknown de.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary
10 NAME OF Illian Fishor	Gigned) Clephan Herbert M. D.
ST BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 BIRTHPLACE OF FATHER (State or country) 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN	*State the Disease Causing Death, or, in deaths from Violent Causes, state_(1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER CURLCOUNT	Accidental, Suicidal or Homleidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country Ulfurory)	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE A TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) Olfsha Mil	My formal or remode Parte of Burial
15 Filed Jany 13 1800 WT Justle Registrar	Euston Sons Ellew Cil
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., Withuw laborer, Laborer—Coat man, laborer, Farm laborer, Laborer—Coat man, who are engaged in the duties of the etc. who are engaged in the duties of the etc. House Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Stationary fireman, etc. person, irrespective of Locomotive engineer, But in many material Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved tetanus) may be stated under the head of "contributory." carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary American Medical Association.) "Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; or intercurrent) affection need Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory not be

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· PLACE OF DEATH	OAA11 STATE OF MARYLAND
County Houard -	CERTIFICATE OF DEATH
	Registration Dist. No. 193
Village or City (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is -
2 FULL NAME Mary L Jus,	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junual Whated Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Malive on Cafrill 6 , 19230
	and that death occurred on the date stated above, at
4/yrs. / mos. 29 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	Menne
(a) Trade, profession or particular kind of work	Charles
(b) General nature of industry business, or establishment in	9
which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary Mulial Regustion (Durstion) yes Lipos ds.
10 NAME OF	MI la land
FATHER Nathanial Worry	(Signed) M. D.
OF FATHER	*State the lis ase Causing Death, or, in deaths from
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Harriet Worsey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of doa.h?
Marie A ala	Former or usual residence
(Informant) Keller Figher	LACE OF BURIAN OF REMOVEL DATE OF BURIAL
(Address) Lufurlus	Fuduch had Opag 29 . 130.
15 Fildysil 29 1000 My Matter	HM Huyder Redaylle
If more blanks are needed, address State Registras	, 16 W. Saratoga St., Ballo., Kequesting V. S. I.o.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully eindefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Servant, Cook, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a r," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Luborerwithout more precise specification as Doy -Coal mine, etc. Wom-6

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Cruup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock;" "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the letanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Whooping cough; American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease, etc. The contributory

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	COPI
BINDING	DEP MANER
FOR	15.
	FOR BINDING

9	CORD	EXACTLY, PHYSI- y classified. Exact icate.	
MARGIN RESERVED FOR BINDING	WRITE AINLY, WITH UNFADING INK-THIS IS A PLEMANENT CORD.	N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
V.S. No. 1 MARC	WRITE AINLY, WITH UNF	N. BEvery item of Information should to CIANS should state CAUSE OF DE statement of OCCUPATION is very	

PLACE OF DEATH County As A A A A A A A A A A A A A A A A A A	STATE OF MARYLAND CERTIFICATE OF DEATH
O , 1	Registration Dist. No. 193
Village or City Sishan (No	St: Ward) (If death occurred in a hospitul or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH Oct = 10 = 1980, (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19230 to 1923, that I last saw blooming alive on 1923,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at J. H.J. Q. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Of home	Fasher Curlman
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary Secondary
10 NAME OF FATHER Suther Dorsey OF FATHER (State or country) Manuland	(Signe)) (Signe) (S
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE (State or Country) 14 MAIDEN NAME OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
(Informant) A, a, fisher	Where was disease contracted, if not at place of death?
(Address) Lisbon Mil,	Harmony Centery, Oct, -12 - 1930
Filed flef / 1923 U for Master Registrar	6. M. Halts Sterefield, md,
If more blanks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinalfever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease;

It this certificate is looked over thoroughly and all questions appeared in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated BINDING pino M FOR WITH UNFADING INK--THIS MARGIN RESERVED

WRITE

S. No. 1

PHYSI-County stated EXACTLY, Phoroperly classified. of certif PERSONAL AND STATISTICAL PARTICULARS SSINGLE 3 SEX COLOR OR RACE MARRIED. be be WIDOWED. 4.
OR DIVORCED
(Write the word) it may be on back 6 DATE OF BIRTH instructions that (Month) 7 AGE 80 supplied rms OCCUPATION See See (a) Trade, profession or particular kind of work be carefully EATH in pial (b) General nature of industry importag business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) should 10 NAME OF is very 11 BIRTHPLACE OF FATHER should state CAUS RENT (State or country) 12 MAIDEN NAME informati OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) of Every item of CIANS should statement of

PLACE OF DEATH

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1	17	U	3	1

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)	a hospital		
	tion, give i	ts NAMI	E in

MEDICAL CERTIFICATE OF DEATH

number.)

		4	
16 DATE OF DEATH	Dec.	2ms.	, 1930
***************************************	(Month)	(Day)	(Year)
17 I HEREBY CI	ERTIFY, That	attended the d	eceased from
11011-	1930 . to N	u 2 -	1930.
that I last saw h LL a			
and that death occurred	on the date sta	ted above, at /	2 / m.
The CAUSE OF DEATH	* was as follows	*	
		,	
M	east-1	Book.	
		,	
	(Duration)	- NIB	rnosds,
Contributory (reside	School	8
Secondary		10	
	(Duration)	10 y	
(Signed)	The Title,	KIOULL	M. D.
Dec. 3- 1920	Address) If	ghlaus	1. Ma
*State the Lista Violent Causes, state Accidental, Suicidal or	se Causing Ver (1) Means of Homicidal.	ath, or, in de Injury and (eaths from 2) Whether
18 LENGTH OF RESID		spitals, Institu	tions, Trans
At place of deathyrsmos.	de.	the Stateyrs	ds
Where was disesse contract if not at place of dea.h?	cd,	• • • • • • • • • • • • • • • • • • • •	
Former or usual residence		•885900000000000000000000000000000000000	
19 PLACE OF BURIAL	REMOVAL	PATE O	F BURIAL
St. Marks &	wetery	Dec.i	T, 19.03/
20 UNDERTAKER		ADDRESS	1 m/
Iland Hay	101	Laure	ind.

If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Day)

(Year)

IIf LESS than

I day hrs.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may forin part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a r," etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Woni-Locomotive engineer, (b) Grocery,

Strtement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accept of term for the same disease. Examples: Cerebros and fewer (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." stated unless important. (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, taken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data its essential and must be obtained before the certificate is permanently filed.

V. S. No. 1.

N.B.

	thuvall	09348
Coun	ge or City (No	3
	2 FULL NAME Programme Trans	ies
	PERSONAL AND STATISTICAL PARTICULARS	ME
3 9 E	Lale White Single, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEAT
e DA	(Month) (Day) , 1980 (Month) (Day) , 1980	that I last saw
7 AQ		and that death
pai (b	CCUPATION) Trade, profession, or ricular kind of work 1) General nature of industry siness, or establishment in ich empleyed (or empleyer)	
	IRTHPLACE (State or country)	Contributory Secondary
PARENTS	10 NAME OF FATHER LATEUR E, FRANCE 11 BIRTHPLACE OF FATHER (State or country) 12	(Signed)
PAR	13 BIRTHPLACE	SUICIDAL OF HO. 18 LENGTH OF RE- OR RECENT RES
14 TI	OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) UA.	of death yrs. Where was disease con if not at place of deal Former or usual residence
16 File	8/23/30: Trank Shipley	20 UNDERTAKER

STATE	OF M	ARY	LAND
CERTIFIC	CATE	OF	DEATH

Registration Dist. No.

St.;.....Ward)

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a he	spila	or	Insti	tutio	O,
give	its	NAM	IE I	nste	hd
of st	reet	and	DHE	nber	.]

ADDRESS

MEDICAL	ERTIFICAT	EOF	DEATH)	
18 DATE OF DEATH	Au (Mon	A. 2 (th)	3 7. (Day)	, 19	Z (
T HEREBY CERT		attend	ded dec		ror
that I last saw hal	ive on	L		, 19	1.
and that death occurred	on the dat	e state	d above	at /	rr
The CAUSE OF DEATH	was as fo	llows:			
A	0-0-1		A		
		TU	<u> </u>		
***************************************	*****************				
· · · · · · · · · · · · · · · · · · ·	(Durallo	on)	уга. ()	mes. O	d
Contributory					******
21	(Durafic	Hn)	утз.	. mos	đ
(Signord) Jua	MA	tany	sler	4	, M.
0/23/3,0101	Address)	ray	100	£) (3	u
*State the DISPASS C CAUSES, State (1) MEANS SUIGIDAL OF HOMICIDAL	OF INJURY;	or, in c	leaths from	m VIOLENTA	er L.,
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS)	(FOR HOSPIT	LS, INST	TUTIONS	, TRANSI	ENT
At piece		the			
of deathyrsmes Where was disease contracted, If not at place of death?	ds.	State,	уга.	mos	d
Former or usual residence					
19 PLACE OF BURIAL OR R	EMOVAL	DA	TE OF B	URIAL	
Havers 11	ul.		0/2	4 / 3 ()

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or write None. wife, Housework, or At Home, and ehildren, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationory fireman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question Coal mine, etc. Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Grocery; (a) Foreman, For persons who have no occupation whatever, very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in At home. Care should be (b) Auto-DEATH,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telonus) may be stated mus, on Nomenelature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Struck "Puerperal peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic volvulor heart disease; Chronic interstitial ges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid use of "Heart failure," "Heemorrhage," "Inauition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. "Tumor" fer malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uraemia," "Weakness," or miscarriage as "Puenperal by railway train-accident; Revolver "Senile," etc.), The eontributory (secondary or intereur-"Dropsy," State cause for which (Recommendations Never "Exhaustion," septichaemia," report mere important wound of

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N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYS:-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ANENT MARGIN RESERVED FOR BINDING INLY, WITH UNFADING INK--THIS IS A PR WRITE

V. S. No. 1

1PLACE OF DEATH	08105	STATE OF MARYLAND
County Noward		CERTIFICATE OF DEATH
P 1	90	Registration Dist. No. 196
Village or City / Claud No.	Frence	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
3 95 A COLOR OF PACE 5 SINGLE.	16 DATE OF DEATH	a de la companya de l
female White Wildowed army (Write the profit)	Q.	(Month) (Day) (Month)
6 DATE OF BIRTH	17 I HEREBY	CERTIFY, That I attended the deceased from
11/av. 1.1860	(yay	1 1923 Oto (1923), 1923
(Month) (Day) (Year)	that I last saw h	alive on 192
7 AGE	and that death soccur	(/
vrs. 4 mos. ds. or min.?	The CAUSE OF DEA	IH * was as follows:
8 OCCUPATION	Charma	Museandite
(a) Trade, profession or Neuse		
(b) General nature of industry		
business, or establishment in which employed or (employer)	4 04 44 - * * 4 4 - • * * * * * * * * * * * * * * * * * *	(Duration) yrs O mos ds.
9 BIRTHPLACE	Contributory C	Messo - I cleans
(State or country)	7./	2 (Duration) Z yrs mos, ds.
10 NAME OF	(Signed)	Manacan MD
tayer illeam Oprish	E Jan 4 192	26(Address) Allers Th. Inf
O II BIRTHPLACE		Disease Causing Death, or, in deaths from
Z (State or Aunty) en laud	Violent Causes, s Accidental, Suicidal	tate (1) Means of Injury and (2) Whether
T 12 MAIDEN NAME OF MOTHER		SIDENCE (For Hospitals, Institutions, Trans-
13-BIRTHPLACE	ients or Recent Re	
OF MOTHER / A A	At place of deathyrs	ln the State yrs mee. de.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease con if not at place of dea	tracted,
TA THE ABOVE IS TROUBLE SEED OF THE SEED O	Former or usual residence	
(Informant) The Interest	BLACE OF BURN	LOR REMOVAL DATE OF BURIAL
(Address) Eller W City Uy	THE CO	WEX Cay, July J. 1936
Filed July 9 1920 Holw all odly Registrar	20 UNDERTAKER	ou Sono Client Cil.
If more branks are needed, address State Registrar	, 16 W. Saratoga St.,	Balto., Requesting N. S. No. 1.
		/

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Or especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, without more precise specification as Day not gainfully em-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal' fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart tanure, "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; "Heart failure," "Haemorrhage," Chronic etc. valvular heart disease, The contributory

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(if death occurred in a hospital or institu-tion, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED Write the word (Day).... (Month) ... I HEREBY CERTIFY, That I attended the deceased from 17 6 DATE OF BIRTH (Year) (Month) (Day) IIf LESS than 7 AGE and that death occurred on the date stated above, at .. I day hrs min.? (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. OF FATHER LZ (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place of death... In the OF MOTHER ...yrs.....mos. (State or Country) Where was disease contracted, if not at place of death?. Former or usual residence. (Informant) PLACE OF BURIAL OR REMOVAL

of item of s should

8

Every item CIANS sho statement

of

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken er," etc., Spinner, should be used only when needed. As examples: (o) nature of the business or industry, and therefore an tion applies to each and every fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer land state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-(b) Collon mill; (o) Salesmon, (b) without more precise specification as Doy Compositor, Architect, Locomotive engineer, For persons who have no occupation 6) Automobile factory. The material -Coal mine, etc. Womperson, irrespective of Grocery,

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro pinal fever (the only definite synonym is "Epidemic cenebro spinal meningitis"); Diphtheria avoid use of "Cropp of Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," stated unless important. (secondary Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Soreoma, etc., oi (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Exhaustion," Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. affection need not be valvular heart discose; Nomenclature The contributory Measles;

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PLACE OF DEATH County Howard	0536 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 191
Village or Cit Elieas Ollegs.	St.: Ward) (if death occurred in a hospital or institu-
2FULL NAME 6mma Our	liu Julton steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junale White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That Lastended the deceesed from
Sept. 28 , 1859	1928 to 19230
(Month) (Day) (Year)	that I last sew helive on192,
7 AGE	
75 yrs. 3 mos. 10 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION /	Inhowe Intentities.
(a) Trade, profession or particular kind of work	Nelshartin
(b) General nature of industry business, or establishment in	3
which employed or (employer)	(Durstion) yrs mos de,
9 BIRTHPLACE (State or country)	Contributory Secondary
1 16 NAMELOF DELIGINATION	(Durstion) yrs
EATHER THE CONTRACTOR	(Signed) M. D.
o II BIRTHPLACE	1922 (Address) 6
State or country) Uguia	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Normandenthal . When.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the
(State or Country) / 1990	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dee.h?
(Informant) Celliaux Fullor	Aigual residence
(Address llical ity Med	SI DUE CLU MY. 9, 1930
15 Filed Jany 9 1930 WHI Tibsel	20 UNDERVAKER SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOLD
Registrar	2.16 W Seratoga St., Balto, Requesting N.S. No. 1.
If more bienks are needed, address State Registrate	to W Seratoga St., Daito., Requesting No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature or as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease (secondary (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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		-	ı		

N. B.—Every item of information ehould be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact etatement of OCCUPATION is very important. See inetructions on back of certificate. WRITE

1PLACE OF DEATH	12511 STATE OF MARYLAND
County Jowals	CERTIFICATE OF DEATH
S. Ver	(113) Registration Dist. No. 191
Village or City of LAND CONTROL (No P. G.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR OF OR OR OR OF OR O	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH ## 14, 193	that I last saw h Amalive on Clalle To 192).
(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above, at 2.45 P.m.
yrs	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Cleule Enlerites
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yremoede.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER LARRY GETTER	(Signed) (Signed) (Signed) (Address) Ulasticity M. D.
OF FATHER (State or country) Aryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of mother out Jary	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant Mas Leona Getter	Former or usual residence
(Address) Ellison City Miss	St. whiis Com. DATE OF BURIAL DATE O
Filed Gol 6 190 WT & Fisch Registres	Caston Sons Clien Cili
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthlaborer, worked on may form part of the second statement. borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Never report mere symptoms or terminal condi-Chronic and consequences (e. g., sepsis, etc. valvular heart The contributory disease,

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No. 1

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20

PHYSI-

	PLACE OF DEATH				
•	County Toward				
Vill	lage or City (No.				
	80.				
2FULL NAME Clas y. 50 x					
	PERSONAL AND STATISTICAL PARTICULARS				
3 15	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, 1				
U	lale white Widowed. (Write the word)				
6 D	Month (Day) (Year)				
7 A	GE [IfLESS than a				
	56yrs. 7 mos. Ods. or min.?				
Tel s	a) Trade, profession or				
p	articular kind of work				
Pol	o) General nature of industry usiness, or establishment in which employed or (employer)				
9 8	(State or country)				
Accessor.	10 NAME OF Elias J. Gesuell				
RENTS	of Father (State or country)				
PARE	OF MOTHER Way Varipelt				
	13 BIRTHPLACE OF MOTHER (State or Country)				
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
	(Informant) Howard U. Fisuell				
	(Address) Davis Uld.				
15	Filed 4/22/30192 J. W. Louthians				

STATE OF MARYLAND CERTIFICATE OF DEATH

CERTIFICATE OF DEATH
Registration Dist. No. 19

eath occurred pital or instrict or instruction of street er.)	tltu-
3	of street

16 DATE OF DEATH		
(Month) 19 (Day) 1930 ear)		
17 / I HEREBY CERTIFY, That I attended the deceased from		
bpir 19 1930. 10 april 19 , 1930.		
that I last sew hualive on Many 19230,		
and that death occurred on the date stated above, atm,		
The CAUSE OF DEATH * was as follows:		
M. J.		
Jeuns.		
(Duration)yrenosde,		
Contributory Secondary		
(Durstion) /mos		
(Signed) Thank Thipley M. D.		
4/22 312 (Address) Sarrayt Wed.		
*State the l'isease Causing Peath, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
10 LENGTH OF RESIDENCE (For Hospitels, Institutions, Frans-		
ients or Recent Residents)		
At place of deathyrsmosds. Stateyrsmosds.		
Where was disesse contracted, it not at place of dee h?		
Former or usual res.dence		
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Javog Cember 4/22/30		
20 UNDERTAKER ADDRESS		
3.11. Hisher James led		

MEDICAL CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houselaborer, Spinner, (b) Cotton mill; (a) Salesman, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of cupation is very important, so that the relative health-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ursemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CTLY. PHYSICIANS NENT BINDING N. B. - Every item of information should be carefully supplied. AGE should as standard state CAUSE OF DEATH in plain terms, so that it may be properly occupation in severy important. See instructions on back of certificate. PER FOR PLAINLY, WITH UNFADING MARGIN

	1 PLACE OF DEATH	OSIUD STATE OF MARYLAND		
	County toward	CERTIFICATE OF DEATH		
/	VIIIage or City Jesus (No. ,	Registration Dist. No. St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	TAGE OCCUPATION (a) Trade, profession, or parlicular kind of work (b) Beneral nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) ACCUPATION (a) Trade, profession, or parlicular had of work (b) Beneral nature of industry business, or establishment in which employed (or employer)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, what I attended deceased from 191 that I last saw h alive on 191		
	10 NAME OF FATHER GASSAURY GOVEN 11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TADE TO THE BEST OF MY KNOWLEDGE (Informant) (Asdress) 16 FREGISTRAR	(Signes) Syste the Disease Causing Dmath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal. 18 Length of Residents OR Recent Residents Al place of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contrasted, if not at place of death? Former or usual residence 19 ptace of Burial or Removal Date of Burial 20 undertaker Address) Address Address		
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

E yrs.). state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, engaged in domestic service for wages, as Servant, Cook employed, as Al school or At home. Care should be wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Lealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary firenum, etc. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever etc. The material worked on may form part If the occupation has been changed Never return "Laborer," Locomolive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal moningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pre-umonia, Bronchopneumonia of lungs, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

ges, perilonasum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and consequences (e. g., sepsis, lclanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal sephchaemia," "Puenperal perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for inalignant neoplasms); Measles; Whooping under the head of "Contributory." (Recommendations by railway The contributory (secondary or intereurtrain-accident; Revolver wound "Atrophy," ("Con-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the many escential and must be obtained before the certificate spormanently measurements and must be obtained before the certificate spormanently measurements.

361 J. MARIANA

1PLACE OF DEATH	01759 STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH Registration Dist. No. 190
Village or City Elpring (No.	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME Of Congression	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Field 12 , 1930
6 DATE OF BIRTH Unknown, 1863	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE 1 Age If LESS than I day hrs. I day	The CAUSE OF DEATH * was as follows:
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Prince Zarge & Mo	Contributory Secondary (Duration) yrs mos des
10 NAME OF FATHER John Lewis (1) 11 BIRTHPLACE	(Signed) M. D. Helr 12 1990 (Address) Slavely No.
OF FATHER (State or country) Leonge S. My. 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Pro-E-Zange Co Me	ients or Recent Residents) At place In the State yrs
(Informant) Faveria Brogely	if not at place of death? Former or usual residence
(Address) Elkridge my 15 Filed 70-14 1230 B. Bud William	Elkridge Md Feb 16 1,930 20 UNDERTAKER LOVES VIS JULIANO

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, fulness of various pursuits ean be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that faet may be indicated thus; Farmer (reployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day (b) Grocery

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Deblity" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State eause for which surgical operation was undercan be ascertained as the cause. Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory valvular heart disease; Always qualify all not be

Every Item of information should be carefully supplied. AINLY, WITH UNFADING INK-THIS MARGIN RESERVED

WRITE

V. S. No. 1

(N	PHYSI
	CORD	EXACTLY,
OR BINDING	S A P MANENT CORD	ACE should be stated EXACTLY, PHYSI
08	SA	ACE

TEACE OF BEATH	12512 STATE OF MARYLAND
County Howard.	CERTIFICATE OF DEATH
212 11-	Registration Dist. No. 17
Village or City Atholton (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME ir-
2FULL NAME Many Los	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Gremale White Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	The part of DEATH Oct 19, 192/930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Almod 11. 15	7 28 October 18 1920. to October 9, 1923),
(Monyl) (Day)	Year) that I last saw h lalive on October 18, 19254,
	S than and that death occurred on the date stated above, at 9.30 Pm.
2 yrs. 2 mos. 8 ds. or	hrs. The CAUSE OF DEATH * was as follows:
4 OCCUPATION	5 Tentri
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmos/ds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Manyland	(Duration)yrsmosds.
10 NAME OF FATHER OF TO TO S	· (Signed) Clipha n Derbert M. D.
11 BIRTHPLACE Mariles W. John	me Oct 21 1930 (Address) Elliestating
OF FATHER (State or country) 12 MAIDEN NAME	*State the Discsse Csusing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Malelle Coale	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place In the
(State or Country)	of deathmosds. Stateyrsmosds. Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
as aller Dear (1) Items	Former or usual residence
(Informant) Marilla W. John	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) It Thollon M.	Sulford Church Cen Oct 21. 1930
Filed 1923) St. Valley Regist	20 UNDERTAKER ADDRESS Ellicate City Mr.

LAND

If more blanks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servan, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer reor given up on account of the DISEASE CAUSING definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Locomotive engineer, (b) Grocery; DEATH,

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease (Recommendations on statement of cause of death tunnus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH	01760	STATE OF M	MARYLAND
C	ounty Haward.	90	CERTIFICATE	OF DEATH
Villa	8	Blud -	RegistrationSt.:Ward)	
-	PERSONAL AND STATISTICAL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
3 S	male octor or race 5 single, MARRIED, Wildowed OR DIVORCED (Write the word)	16 DATE OF DEA	Johney (Mouth)	(Day), 1956 (Day) (Year)
6 D	ATE OF BIRTH Filmony 73, 1908	that I last saw h	192.9 , to 20	thuy 7th, 19030,
7 AC	(Month) (Day) (Yenr) (If LESS than l dayhrs. yrs. mos. ds. or min. ?		curred on the data state EATH 🛪 was as follows:	d above, at
クト クト クト クト	OCUPATION a) Trade, profession or articular kind of work. D) General nature of industry usiness, or establishment in thich employed or (employer). IRTHPLACE (State or country) Balleuro hea.	Contributory Secondary	10	1 57 muls
PARENTS	10 NAME OF FATHER Home, J. Grey ton. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Thory M. Tetlow-	*State the Violent Causes Accidental, Su	Disease Causing Death, state (1) Means of Injected or Homicidal. RESIDENCE (For Hospital Residents)	or, in deaths from lury: and (2) whether oitals, Institutions, Trans-
14 1	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs. Where was disease coif not at place of death	intracted.	e. 7.1. yrs mos da.
15	(Informant) Mes Mong Guytin, (Address) Ex Redge - New Filed Feb. 10 1980 R. Bird William Registrar	Former or usual residence	RIAL OR REMOVAL	DATE OF BURIAL. Hal 11, 1830 ADDRESS Elbridges The

* more blanks are needed, address State Registrar, 16 W./Saratoga St., Balto., Requestive V. S

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screaut, Cook Housemaid, etc. If the occupation has been changed to report specifically the occupations ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; laborer, Farm laborer, Laborerworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient. e.g., Farmer or Planter, Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on yr.8.). For persons who have no occupation Stationary firemen, etc. -Coal mine, etc. Wom-As examples: (a) of persons The material But

Ease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spital meningitis"); Diphtheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid pneumonia,").

3

ment of cause of death approved by Committee Nomenclature of the American Medical Association.) head of quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septiculomia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Annemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of vulsious," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men Whooping .. (name origin; "Cancer" is less definite; avoid "Tumor" for malignant neoplasms); FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart disease; (Recommendations on state-Always qualify all "Coma," "Con-(mercly (second-(discase Meusles;

N.B.

PLACE OF DEATH	STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
	Registration Dist. No. 191
Village or City Collination (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDGING Windship (Write the word)	16 DATE OF DEATH (19 , 1923e (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h realise on 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Fage If LESS than day hrs. ds. or min.	and that death occurred on the date stated above, at 30 Pm.
(a) Trade, profession or particular kind of work	Mapley
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos de.
9 BIRTHPLACE (State or country) ary law 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER Copyrights of the country	(Signed) *State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAJOEN NAME OF MONHER 13 BIRTHPLACE OF MOTHER (State or Country) Atylund.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) A College Stall (Address) College	if not at place of dea.h? Former or usual residence
15 Filed aug 22 1980 WH Ressell Registrar	Caston Sono Ellied Cel
// If more blanks are needed, address tate Registrate	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process. Coal mine, etc. Wom-loborer, Form laborer, Laborer—Coal mine, etc. Wom-Spinne, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on be used only when needed. As examples: (a) yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be

supplied. ACE should be stated EXACTLY, P in terms so that it may be properly classified. See instructions on back of certificate. CORD ANENT BINDING PH K FOR SI WITH UNFADING INK--THIS MARGIN RESERVED Every item of information should be carefully elecans should state CAUSE OF DEATH in plain statement of OCCUPATION is very important, So INLY,

WRITE V. S. No. 1

N. B.

PLACE OF DEATH County Howard 129	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /95
Village or City flew Dovage (No. 2FULL NAME Helliam & La	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, MARRIED, Willowed, OR DIVORCED, (Write the word windows)	(Month) 2 (Day) 4 (Year) 3 (
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the daceased from 120 1936 to 2 4 , 1930 that I last saw herealive on 2 , 130 ,
9/ yrs	and that death occurred on the date stated above, at 19 m. The CAUSE OF DEATH * was as follows: My Marshilip. Oli.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durstion) Ayre mos de.
which employed or (employer) BIRTHPLACE (State or country)	Contributory desite Charles Secondary (Durstion) yrs mos de.
11 BIRTHPLACE OF FATHER (State or country) W	(Signed)
12 MAIDEN NAME OF MOTHER Sarah aun Soone 13 BIRTHPLACE OF MOTHER (State or Country) Md	TB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(Informant) CURE / CHECK (Address) LSSUS	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL A Haup Aquel M. Mace, 19 30
Filed 12 16/30192 Frank Fligher Registrar	20 UNDERTAKER CAUSES LAUREN MILE

If mora bianks are needed, addrass State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return". Laborer,"". Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-(b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) approved by Committee on Nomenclature of the (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Whooping cough; Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory

N. G. ..

	PLACE OF DEATH	CERTIFICATE OF DEATH
C	ounty Soword.	(773) CERTIFICATE OF DEATH
		Registration Dist. No.
Ville	age or City Elkninge (No	St: Ward) (If death occurred in a hospital or institu- flon, give its NAME in- stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	Marien Wilde Sugle Wale while Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 D	ATE OF BIRTH	192 , to , 102
	Lept 39 (Month) (Day) , 1889.	and that death occurred on the date stated above, at 10
7 AC	If LESS than	
	4.0yrs	Street by Baltiming This Railroad hair at
	CCUPATION	Relay had Honard a Right + leffles severed
	a) Trade, profession or articular kind of work	at hips and left and at Ellow. Frastendskull with
	o) General nature of industry	multiple locations Bolified to have been suicidal. Excepte
	usiness, or establishment in rhich employed or (employer)	1
9 B	(State or country) Bath Mid.	Frederick & Gill seting Convers
	10 NAME OF FATHER	(Signed) Listarou M. D
	Leo Hamman.	4/14/30 (Address) Halethay had
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Sermony	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Houlcidal.
PAR	of MOTHER Calherine MBocketi	18 LENGTH OF RESIDENCE (For Hespitals, Institutions, Transients, or Recent Residents)
	18 BIRTHPLACE OF MOTHER (State or country) Balto Mid.	At place of death yrs mos. da. State, yrs mos. da. Where was disease contracted,
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Mrs Katharine of Stapp	Former or usual residence
	(Address) Maus St St Denis Med	Hold Redumen Cour Spr. 16 ", 19 30
15	Filed april 1418 & Bird William Registrar	To UNDERTAKER DODRESS
-	If more blanks are needed, address State Registray.	16 W. Shratoga St., Bulto., Requesting A. S. No. L

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer saged in Comestic service for wages, as Servant, Cook, ployed, as At school or At home. (are should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthfired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISELEE CAUSING DEATH. to report specifically the occ pations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer. Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. nature of the business or industry, and therefore an gary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quesw liever, write None. Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. Statement of Occupation- Precise statement of oc-For many occupations a single word or term on Or At Home, and children, not gainfully emwithout more precise specification as Day As examples: (a) The material

Statement of Cause of Death—Name. first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchapmeumonia ("Pneumonia,"

conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or use of "Tumor" for malignant neoplasms); quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," "Coma." causing death). 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) ment of cause of death approved by head of "contributory." ture of the injury, as fracture of skull, and conse Posoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease vulsious."(name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway "Puerperal septicaemia," "Puerperal peritonitis," (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; For "Debility" ("Congenital," "Senile," etc.) VIOLENT DEATHS State MEANS OF INJURIE (Recommendations on state-Example: Measles Always qualify all failure." "Haemor The contributory Committee on Measles; terminal (second-(disease (merely not be etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

1430

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. MARRIED, WIDOWED OR DIVORCEO (Write the word) 0 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from uction (Day) Month) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above I day hrs. The CAUSE OF DEATH * was as follows: or min.? DCCUPATION Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory BIRTHPLACE Secondary (State or country) FD 10 NAME OF (Signed) shot E OF192____ (Address) 11 BIRTHPLACE CAUSE CAUSE OF FATHER *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and RENT deaths from (State or country) Accidental, Suicidal or Homicidal, 12 MAIDEN NAME PA OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) occu 13 BIRTHPLACE In the At place OF MOTHER of death ... (State or Country) 0 Where was disease contracted, shoul KNOWLEDGE if not at pisce of dea.h?. Former or usual residence 19 PLACE OF BURIAL (Address 20 UNDERTAKER If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (ne or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a additional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on (6) Stationary fireman, etc. But in many Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Or. intercurrent) affection need not be Chronic etc. valvular heart disease; Nomenclature The contributory Measles;

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very importing. CORD MANENT BINDING MARGIN RESERVED FOR AINLY, WITH UNFADING INK--THIS IS A WRITE

V. S. No. 1

N. B.--

1PLACE OF DEATH	05663 STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
0	Registration Dist. No. 195.
Village or City Lesser 130 (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME & Hilliam M. A	tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE B SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 6 (Day) 9 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw home alive on
7 AGE If LESS than	and that death occurred on the date stated above, at 3 3 0 A.m.
l day hrs. ds. or min.	The CAUSE OF DEATH . was as follows:
OCCUPATION 1. A	Islandi - autorichile
(a) Trade, profession or particular kind of work	1: orcident
(b) General nature of industry business, or establishment in	blied mitantly
which employed or (employer)	(Duration) yrs. mos. de.
BIRTHPLACE (State or country)	Contributory Secondary (Duration) ve mes de
10 NAME OF FATHER ULL RUOWUS	(Signed) Thankshipley, M.D.
O TI BIRTHPLACE PA	(Address)
Z (State or country)	*State the Discase Causing Death, or, ind deaths from Violent Causea, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Dabelle Haudy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place In the State yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(ml. Ola Den des	Former or usual residence / 247 - 222 11, U.W. Washington
(Informant)	19 PLACE OF BURIAL OR KEMOVAL DATE OF BURIAL
(Address) 124 / 12 Track Day	Masheredow MC : May /8,19 30
Filed 5/181980 J. W. Lagithians	20 UNDERTAKER TUSS ADDRESS XILLIES MI
If more banks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Form laborer, Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Doy Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, "" "Weakness," etc., when a definite disease ChronicExample: Measles (disease etc. The contributory affection need valvulor heart disease; Nomenclature of the not be

MANENT AINLY, WITH UNFADING INK--THIS IS A P

WRITE

V. S. No. 1

N. B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
N.	Registration Dist. No. 195.
Village or City Tavas (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, A	
Wall White OR DIVORCED (Write the word)	16 DATE OF DEATH Clare Colonth) 192 Day) 193 And Day) 193 Day) 193
6 DATE OF BIRTH Warch 1930	17 I HEREBY CERTIFY, That I attended the deceased from 192
(Month) (Day) (Year)	that I last saw h alive on 192,
yrs. O mos. O ds. or O min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Vyrs. Cymos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yis mos ds.
10 NAME OF ashly C. Harrigh	(Signed) Mark Hiller M. D. 3/1/30-192 (Address) Java II W. D.
OF FATHER (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother alice alfandes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) a.C. Harrington	Former or usual residence
(Address) Favogs, Mid.	Saves Cerulary 3/2/3, 9
Filed 3 1 1923 1 1923 1 Registrar	20 UNDERTAKER Frisher Luce led.
If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to, report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material not gainfully em-

Statement of Cause of Dcath—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L stited unless important (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJUNY cough; Committee on Nomenclature of the Chronic Example: Measles (disease chopneumonia (secondary), etc. affection need valvular heart disease; The contributory not be

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. GORD MANENT MARGIN RESERVED FOR BINDING AINLY, WITH UNFADING INK--THIS IS A P WRITE

PLACE OF DEATH	13873 STATE OF MARYLAND
Henryton	CERTIFICATE OF DEATH Registration Dist. No.
Village or City(No(No(No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. 10 OR DIVORCED (Write the word)	le 16 DATE OF DEATH NOV. LETIG/30 192
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 (Year) that I last saw h alive on 192
7 AGE [IFLE	SS than and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Infusper Leeding.
State or country) Itaryland	Secondary (Durstign) yrs
FATHER Hobry Tylor	(Signed Frank le Hoigenbothory acting Covouls M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Largaret Harris	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosds.
(Informant) Margaret Harris, (Moth	if not at place of dea.h?
(Address) Eliosk, Md.	Home from delpha hw 24, 1930 20 UNDERTAKER ADDRESS
Filed Mr. 24 19230 W75 Fressell	strai Hoursylyler talker legolia
If more blanks are needed, address tate i	Registrar, 16 W. Sararoga/St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeanon in laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). (b) Colton mill; (a) Salesman, For persons who have no occupation (6) Stationary fireman, etc. But in many Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) tetanus) may he stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Tranition," "Heart failure, Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan he ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not he

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	1 PLACE OF DEATH	08107
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Villa	annie G	Hash
		MED
PERSONAL AND STATISTICAL PARTICULARS 3 SEX! COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCE DUTY (Work) (State or country) (Sigasd) (Si	16 DATE OF DEATH	
6 DA	TE OF BIRTH Jan. 1/th 1858	June
7 AG	E If LESS than 1 day, brs.	and that death oc
(a par (b bus wh) Trade, profession, or ticular kind of work) General nature of industry siness, or establishment in ich empleyed (or employer)	Contributory
BI	(State or country)	Secondary
	11 BIRTHPLACE OF FATHER (State or country)	State the Dr CAUSES, state (1)
PAR	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDE At place of death yrs.
	(Informant) Lawin Hiship	Where was disease contra- if not at place of death? Former or usual residence
15	(Address) Davy E. W.	Family Bu
FR	ed, 191	20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[if death occurred inWard) a hespital or institution, give its NAME instead

of street and number.]

L CERTIFICATE OF DEATH (Month) (Day) attended deceased from

EATH * was as follows:

SEASE CAUSING DEATH, or, in deaths from VIOLENT MEANS OF INJURY; and (2) whether ACCIDENTAL,

DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the Slate,yrs.

L OR REMOVAL DATE OF BURLL ADDRESS

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be only when needed. As examples: (a) Spinner, (b) Collon write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesmon, (b) Grocery: (a) Foreman, cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physior given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Branchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosts of lungs, menin-

BUREAU V. S.

"Tumor" for malignant neoplasms); Measles; Whooping under the head of "Contributory." SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uraemia," "Weakness, "Anaemia" (inerely syinptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., sepsis, tctanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intereurcarbolic acid-probably Never report mere "Atrophy," (Recommendations wound of ("Con-

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PHYSICIANS t statement of

	1 PLACE OF DEATH	
Cour	nty Howard	13
/illa	ge or City Frieford (No. ,	····
	PERSONAL AND STATISTICAL PARTICULARS	1
SE		16 p
DA	TE OF BIRTH Unlander 1 (Month) (Day 1 (Year)	tha
par (b	The first factor of the first factor of the first factor of the factor o	The
bus	iness, er establishment in chempleyed (or empleyer)	
BI	RTHPLACE (State or country)	
S	10 NAME OF FATHER Vulsuova.	(Sign
Z	of FATHER (State or country)	
PARE	12 MAIDEN NAME OF MOTHER UNLSWOWN.	10 L
	13 BIRTHPLACE OF MOTHER (State or country) Uuleurous.	At p
	Informant) May Hawkins Allignet City Web. 22	When If no Form usua

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution. give its NAME instead of street and number. MEDICAL CERTIFICATE OF DEATH ATE OF DEATH 1910 (Month) (Day) attended deceased from DEATH # was as follows: ontributory Secondary State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. ENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERTS, State,yrs. yrs. mes, was disease contracted. t al place of death?

ACE OF BURIAL OR REMOVAL

residence

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crovery; (a) Foreman, (b) Autobusiness, that fact may be indicated thus: Farmer (refired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day Inborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return "Laborer," If retired from term on the

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing disease to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninqualified, is indefinite); Tuberculosis of lungs, menin-

BUREAU V.

mus, ges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of.... genital," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetunus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichaemia," "Heart failure," "Hemorrhage," "Inanition," "Maras-"Anaemia" on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and quality as ACCIDENTAL, "PUERPERAL perilonilis," etc. State cause for which " "Old Agc," "Shock," "Uraemia," "Weakness," when a definite disease can be ascertained as the by railway train-Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull "Senile," etc.), (merely symptomatic), "Atrophy," The contributory (secondary or intercur-"Convulsions," -accident; Revolver wound of "Dropsy," "Debility" Never report mere acid—probably "Exhaustion," ("Con-

CORD	ed EXACTL erly classif ctifficate.
WRITE AINLY, WITH UNFADING INKTHIS IS A P. MANENT CORD	BEvery Item of Information should be carefully supplied. ACE should be stated EXACTL. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classif statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE AINLY, V	BEvery item of informatic CIANS should state CA statement of OCCUPATIO

13 BIRTHPLACE

OF MOTHER

(State or Country)

(Address)

15

Maryland

(Informant) Mrs. John W. Hebb (Wife

Westfriendship, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

1PLACE OF DEATH	05664 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No. 191
Village or City Westfriendshi (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Malr White Single, MARRIED, WIDOWED, Marrie OR DIVORCED	ed May 30th, 1930
G DATE OF BIRTH January loth, 1	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE 55 3 15 If LES. I day	S than and that death occurred on the date stated above, at
(a) Trade, profession or Physician particular kind of work	Acute Alcholism
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,mosde.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration), yrs, mos, ds,
10 NAME OF John Wise Hebb Sr.	(Signed) Frank le Bequibottion actue Coroner
OF FATHER (State or country) 12 MaiDEN NAME OF MOTHER Callia Caither	*State the Disease Causing Death, or, in desths from Violent Causes, stats (1) Means of Injury and (2) Whether
of Mother Sallie Gaither	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

ients or Recent Residents)

In the State. At place of death. Where was disease contracted, if not at place of death?

Former or usual residence

TO PLACE	OF	BURIAL	OR	REMOVAL
MI.	//		1	1011
1443		cell		Cell

20 UNDERTAKER

PRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Compositor, mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid usc of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, by Committee on Nomenclature of the cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Measles ; etc., of

X	Y, P
CORD	EXACTL ly classif
ANENT	supplied. ACE should be stated EXACTLY, P n terms so that it may be properly classified.
PH	E should
S IS A	d. AC
C-THIS	supplie terms
	K-THIS IS A PE ANENT CORD

0	PLACE OF DEATH	STATE OF MARYLAND
Exa	County Itoward	CERTIFICATE OF DEATH
ė	120	Registration Dist, No. 191
EXACILT ly classifie ficate.	Village or City Ellew City (No	St.: Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)
ated poperly certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED, OR DIVORCED, OR DIVORCED.	16 DATE OF DEATH 24 , 19224 (Month) (Day) (Year)
should be t it may be s on back	6 DATE OF BIRTH July 7, 863	17 I HEREBY CERTIFY, That I attended the deceased from 1922, to 22 1922
piled. ACE s rms so that instructions	7 AGE (Mg/th) (Day) (Year) 1 day hrs.	and that death occurred on the date stated above at 5.50 m. The CAUSE OF DEATH * was as follows:
plied rms instr	67 yrs. 5 mos. ds. or min.	pf. My f
sup In ter	a) Trade, profession or particular kind of work	man fermine
In plail	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)
ATH	9 BIRTHPLACE (State or country) mary faul.	Contributory Secondary Daystion) yrs mos de.
Very	10 NAME OF Frederick Nelmany.	(Signed) M. D. (Signed) M. D. (Address) Sheet 7 Rep
CAUSE C	OF FATHER (State or country) Germany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	of Mother Theresa Ospinkle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
stat	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
CIANS sho	(Informant) I what had been to the med	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL A DATE OF BURIAL A DATE OF BURIAL
CIA!	(Address) Lucion Lag 1930 (bit Fissell Registrar	20 UNDERTAKER ADDRESS Lowbord
z.		r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

15094

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., Without more province and in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) Recommendations on statement of cause of (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., ol

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

V. S. No. 1

CORD MANENT NINLY, WITH UNFADING INK-THIS IS A P

WRITE

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	13874 STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City VIII (No	St: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, WIDOWED. OR OLVORES (White the word)	16 DATE OF DEATH /// 23 , 1923
(Month) (Day) (Year)	17 1 HEREBY CERTIFY, That 1 attended the deceased from 1980 to 177 2 3 1980 that 1 leat new by 1980 to 177 2 3 1980
7 AGE If LESS than	and that death occurred on the date stated above, at 45 mm,
// yrs. 6 mos. 6 ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work	V
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yremosdf_f_de.
9 BIRTHPLACE (State or country) May Jacob	Contributory Secondary (Dyrstion) 7 yrs mos ds
10 NAME OF FATHER LEGAL B. Still.	(Signed) M. D. Not 2,2 192 (Address) Larkerth me
OF FATHER (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds, State yrs mos ds, Where was disease contracted, if not at place of dea.h?
(Informans) Hugh B. Hell	Former or usual fesidence
(Address) Day toy My	19 PLACE OF BURIAL OR REMOVED DATE OF BURIAL SULLENING TUBE 1936
Filed MV 231980 & a Melisto Registrar	Caston Sont College Will
If more blanks are needed, address State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. person, irrespective of But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease approved by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY . (name origin; "Cancer" is less definite; avoid or intercurrent) Committee on Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature of the

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT MARGIN RESERVED FOR BINDING LINLY, WITH UNFADING INK--THIS IS A P WRITE

V. S. No. 1

N

	Registration Dist. No. 194
Village or CityClarksville, (No	St.: Ward) (If death occurred in a hospital or institution, give Its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED Married, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 3rd. 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1'obruary 27 1920 to March 3rd 1930 that I last saw him alive on March 3rd 1990, 192
7 AGE [If LESS the l day his or min	s. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (Nate or country) 10 NAME OF FATHER 11 BIRTHPLACE	Lobar Pneumonia, (Duration) yrs. mos 5 ds Contributory Chr. Parenchimatous Nephrif Secondary (Duration) Unknown. ds (Signed) M. D Har. 3rd. 1930 (Address) Highland, Md.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrs
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	Where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL Max. 5. 4, 19.3.
15 Filed Muralet 1930 & a Registrar	2. Easton Ellicost at a control of the control of t

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Loborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation Stationary fireman, etc. But in many As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pinal ferer (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pheumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Meosles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Nomenclature disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

100

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact ECORD MANENT MARGIN RESERVED FOR BINDING AINLY, WITH UNFADING INK--THIS IS A F WRITE

Village or City Nest Friendshift	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) St.: Ward) St.: Ward) Stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED. OR DIVORCED Married (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1980 to 1980, 1980, that I last saw hamalive on 1920,
7 AGE [If LESS than I day hrs. or min.]	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Charles a Hobbs	Secondary (Duration) 4 yrs mos ds. (Signed) M. D.
OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Leanna Peddicord 13 BIRTHPLACE OF MOTHER (State or Country) Md.	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diaease contracted, if not at place of death?
(Address) West Friendship Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Harry Cereley Jame //, 1930
15 Filed Jme 1/ 19230 Edw 7 Carry Registrar	20 UNDERTAKER ADDRESS Sylvanile
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the (a) Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart disease; affection need Nomenclature of the not be

V. S. No. 1

PHYSI-

PLACE OF DEATH	04414 STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
	Registration Dist. No. 191
Village or City albritan (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME li- stend of street and
2FULL NAME Story IN Hoto	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED: OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH aug 7, 1959	17 I HEREBY CERTIFY, That I attended the deceased from 21 1930. to Office 9 1950,
(Month) (Day) (Year)	that I last saw begalive on after 8 1900.
	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	Careenous of Stomach
(b) General nature of industry business, or establishment in	
which employed or (employer)	Contributory Cardian athung
(State or country) Mary Land.	(Duretion) yremos5ds.
10 NAME OF FATHER COLLEGE AND Hadden	(Signed) 7 8 h pl M. D.
11 BIRTHPLACE	apr 9 1980 (Address) To exofeler but
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causea, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Matilda Chunes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) Mary Eluch	of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Union Hables.	Former or usual residence
(Address) Elecott Cety Engl	Dennings Chapel Operth, 130
15 Filed Apr 11 1920 Lawa Rodly Registrer	H. Lis whathous Ellewith City
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Womwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cupation is very important, so that the relative healthto report specifically the occupations of persons enworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condistated unless important (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, monresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. affection need valvular heart The contributory not discase;

N. B.--Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT MARGIN RESERVED FOR BINDING LINLY, WITH UNFADING INK--THIS IS A PI WRITE

PLACE OF DEATH County Howard	03055 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Glouely (No	St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Omale While Single, Married, Widowed. Omale While (Write the word)	(Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decembed from March 19 1920 to March 22 1920. that I last saw her alive on March 22 1930,
7 AGE 48 yrs. 4 mos. 7 ds. or min.?	and that death occurred on the date stated above, at 10
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Chronic Nephritis
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Dr. John W. Kebh	Contributory Secondary (Duration) (Signed) (Signed) (Address) (Address)
ST 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Sallie W. Gauther 13 BIRTHPLACE OF MOTHER (State of Country) 12 MAIDEN NAME Sallie W. Gauther 13 BIRTHPLACE OF MOTHER (State of Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where we disease contracted.
(Informant) Lady Astronomy (Address) Lice At Laty A.	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Mr. Need Curetary Mar. 25.2, 7829
Filed Murch 23950 & While Registrar	20 UNDERTAKER ADDRESS Elieott lity
If more banks are needed, addre.s Ltate Kagistra	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (9) the kind of work and also (b) the -Coal minc, etc. Wom-Locomotive engineer, 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneunonia, Bronchopneumonia ("Pneumonia,"

> causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-"PUERPERAL septicaemia," "PUERPERAL peritonilis," (secondary or intercurrent) affection need Whooping cough; Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory valvular heart disease; Always quality all not be

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V. S. No.

X. B

PLACE OF DEATH	05665 ST	ATE OF M	MARYLAND
County Howard	CEF	RTIFICATE	OF DEATH
Village or City Cooks sillens	(29)	Registration D	Pist. No. 193
Village or City OOK Julie No.	St.	Ward)	a mospital of mistru-
2FULL NAME Emma H	elland	***************************************	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE	RTIFICATE O	F DEATH
Ferrale Black 5 SINGLE, Marced WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH		25, 192 30 (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERT	IFY, That I	nded the deceased from
Jan. 12, 1859		2.) to	1412 19230
(Month) (Day) (Year)	that I last law he alive	on	125, 19234
7 AGE IfLESS than 1 day hrs			above, at 7- YOIm.
b/ yrs. J mos. / 3 ds. or min.			1 5"
8 OCCUPATION (a) Trade, profession or	Chrone	Mes	Lulia
particular kind of work / Double (b) General nature of industry	***************************************		
business, or establishment in which employed or (employer)		(Durstion)2	yrsds.
9 BIRTHPLACE	Contributory Secondary	itul 5	Summer
(State or country) Howard Co.		(Durstion)	yrsds,
10 NAME OF FATHER	(Signed)	1 hu	M. D.
II BIRTHPLACE	1111/1 1930 (Add	ess)	Listan
Z (State or country) Zuknowu	*State the I)iscase Violent Causes, state (1) Accidental, Suicidal or Homi	Causing Death, Means of Inju cidal.	or, In deaths from any and (2) Whether
12 MAIDEN NAME of MOTHER Diskerown	18 LENGTH OF RESIDENCE	E (For Hospits	ls, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos	In the	yrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?	200000=0=0=0=0=000000000000000000000000	
m. Andland	Former or usual residence	b	
(Informant) X / W. V.	19 PLACE OF BURIAL OR R	EMOVAL	DATE OF BURIAL
(Address) Coopeante Ma.	Bushy Jack	Cew.	May 27, 10 36
15 Filed grey 26 127 M practo	20 UNDERTAKER		ADDRESS
Registrar	1100000		of resure

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation er," etc., without more precise specification as νuy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Civil engineer, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on Stationary fireman, etc. But in many

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PLACE OF DEATH	13875 STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
/ ha m	Registration Dist. No. 194
Village or City & ay low (No	Normand St.: Ward) (If death occupred In a hospital or institution, give its NAME i. stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / 29 , 1930
6 DATE OF BIRTH (C) 8 . 1858	17 I HEREBY CERTIFY, That I attended the deceased from 1923, to 1923,
(Month) (Day) (Year) 7 AGE If LESS than day hrs. 1 day hrs. 1 day or min. 1 day 1 day	and that death occurred on the date stated above, at 950m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 3 ds.
9 BIRTHPLACE (State or country) Maryland 10 NAME OF	Contributory Secondary (Duration) J. yrs
FATHER Sur ge Howard	(Signed) M. D. M. D. A. T. 30 1931 (Address) Charles My
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER andia ohnulen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. In the State yrs ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) Lay tong	19 PLACE OF BURYAL OR REMOVAL PATE OF BURIAL FRENCH New Grabath & Lee 1 , 1939.
Filed Nw. 30 1930 X. U. Hillisto Registrar	Lichter Ad Challety

REVISED CERTIFICATE OF DEATH LIVITED STATES STANDARD

(Approved by U.S. Ceaus and American Public Health Association)

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tion and the second continuous Spinner, b (alm all)
(a) Foremon, b (alm all)
worked on any or an annual mattern.
Never return that the cr,'' etc. tired 6 proj. For pursue who have to occupstate occurrence and a state of the state of en at home who are analysis to the during at the should be used only when really a complete to sary to know the least of the mature of the cases, e. p. ciai. In the case of the cases Statement of Occupation Production and of oc-Ciril on whateve war wall

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> caurin don "Condary),
> 10 dr. Niver reposition "Enter in rely symptomation, "A roph," "Colle e. ""Convulsions,"
> "Doblity" ("Condaith," "Seene," etc., "Dropsy,"
> "Ethaution." "Hat billed" "Haemorrhage,"
> "Inpution," "Old Age," "Shock," BULKAT, V.P. "Unamidian," "Wealther, etc., here a definite disease can be a ctained of the season o as fracture of shull and consquences of g., State care for which are in operation was under-taken. For violation and the NEARS OF INJUAY secondary of its region in a son need not be stated in a sine real. Example: M and a (disease Example : A $lpha^2$. And $lpha^2$. The some d . It is some d . I and childy a Action Law HIGDAL of HOSTICIDAL, or as probably such if importable to describe definitely. orangedations on materials of surescience r n of the injury, death of the

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Vil	lage or Cit	-		(No.	3 000 77711
_		JLL NAME			
-	sex (ale	4 COLOR OR		SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the word	arried
6 1	DATE OF BI		gust	8th (Day)	, 1 ¹⁹⁰²
	28	***************************************	<u> 3</u> m	os. H	If LESS the
1	a) Trade, p	rofession or		Laborer	
(P () b v	a) Trade, p particular ki b) General : pusiness, or	rofession or nd of work nature of indus establishment in yed or (employe	r)		2000-0366 00-004 0040 00000
(P () b v	a) Trade, posticular kinds of the control of the co	rofession or nd of work nature of indus establishment ir yed or (employe E ountry)	r)	Leborer Virginia	
NTS STN	a) Trade, particular ki b) General insiness, or which emplo BIRTHPLAC (State or c) 10 NAME FATHER 11 BIRTHP OF FAT	rofession or nd of work	y	Virginia	
S	a) Trade, particular ki b) General insiness, or which emplo BIRTHPLAC (State or c) 10 NAME FATHER 11 BIRTHP OF FAT	rofession or nd of work	y I.	Virginia Hubbell	
PARENTS STORY	a) Trade, postricular ki b) General in the control of the control	rofession or nd of work	nnsy Market	Virginia Hubbell Ivania S. Laud	

13876

STATE OF MARYLAND CERTIFICATE OF DEATH

19%

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registration Dist. No.

St.:____Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH NOVEMber 12th/50, 192
(Month) (Day) (Year)
that I last saw halive on, 192
and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
to head from such are in the
hands of "erman vestoral
Homicide a Cut Dr. (Duretion) yrs. mos ds.
Contributory Secondary
(Signed) Franklo Wiguel Thory acting Porown. 6. Nov-19 1940 (Address) Eller Wety U. d.
*State the l'iscase Causing l'eath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidai.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds.
Where was disease contracted, if not at place of dea.h?
Former or usual restriction
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

Spinner, er," etc., without more precise relationer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as ". PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, " "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny can be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory affection need not be

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MANENT MARGIN RESERVED FOR BINDING AINLY, WITH UNFADING INK--THIS IS A WRITE

PLACE OF DEATH	03056 STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
County	.22
0. 1	Registration Dist. No. 193
Village or City leas Lisbon (No.	St.: Ward) (If death occurred in a hospital or institu-
71: 1	tion, give its NAME I: -
2FULL NAME Mary Elizabelle	Heguilles stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH
M WIDOWED. OR DIVORCED	Mar. 27, 1923
female / Mull (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Oct. 10 1880	192 to 1920,
(Month) (Day) (Year)	that I last saw h A alive on March 2 7 , 198 Q,
7 AGE [If LESS than	and that death occurred on the date stated above at m.
1/6 I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. S mos. ds. or min.?	Liabetes Milities
8 OCCUPATION (a) Trade, profession or	Pulmonan Tubuculoris
particular kind of work	Toxis OTherried
(b) General nature of industry	7
business, or establishment in which employed or (employer)	(Duration) yrs, mos ds,
9 BIRTHPLACE	Contributory Cardial Decompensatos
(State or country)	Secondary
I 10 NAME OF	(Durstion) yrs
FATHER LEAGUE Flohas	(Signed) M. D.
11 BIRTHPLAGE	3/28 1900 (Address) May 149
OF FATHER 7/1	*State the Disease Causing Death, or, in duaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homlcidal.
Z (State or country) /// // // 12 MAIDEN NAME /	Accidental, Suicidal or Homleidal.
of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	lents or Recent Residents)
OF MOTHER MA	At place In the of death yrs mos ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) John Dymiller	usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) // rodbine Md.	Springfield Cemetery/Mar 30,030
15 /4. 99 24 /4//11	20 UNDESTAKER ADDRESS
Filed MM 7 19 M Manual Registrar	Weer son Sepesalle
if more blanks are needed, addre.s State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day of Occupation-Precise statement of oc-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory

X		PHYSI- d. Exact
MARGIN RESERVED FOR BINDING	WRITE AINLY, WITH UNFADING INK-THIS IS A P. AANENT ECORD	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	WRITE	SEvery Item of CIANS should statement of (
		Z.

PLACE OF DEATH	U8108 STATE OF MARYLAND
County Vowarde	CERTIFICATE OF DEATH
En wood	Registration Dist. No. 190
Village or City O. Rudy (No.	St.: Ward) (If death occurred in
2 FULL NAME Child of John	L. X. Joist. My mes tion, give its NAME is stend of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DAY DREED (Write the word)	16 DATE OF DEATH July 2, 192 38
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
may \$2,1930	1920. to 1923.
7 AGE (Month) (Day) (Year)	that Vest sew handlive on 192 , 192 ,
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at/ m. The CAUSE OF DEATH * was es follows:
yrs. O mos. O ds. or O min.?	
B OCCUPATION (a) Trade, profession or	Stellberth
particular kind of work	<u> </u>
(b) General nature of industry business, or establishment in	(Durstion) yrs mos ds
which employed or (employer)	Contributory Premature Child.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Durstion) yes mos. de.
FATHER MU TO SUPPLIES	(Sighed) M. D.
State or country) Mary land	*State the Disease Causing Death, or, In deaths from Willent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
& op forthers to Dradshaw	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 ERTHPLACE OF MOTHER	At place In the
(State or Country) WW X Livery	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dee.h?
(Informant) Thun I (Mighers)	usual residence
(Address) Elk Rely My	19 PACE OF BURIAL OR REMOVAL DATE OF BURIAL SULY 3 . 19 3
15 Filed Ly 3 1980 Bild Progistra	ne Caston Sous Collina Cit
If more banks are needed, address State Kegistran	, 15 W. Seratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a without more precise specification as Day single word or term on

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> stated unless important. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease Nomenclature

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

deaths from

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 194
1	Village or City leuksylle (No	St: Ward) St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	1 de la color or race 5 single, Marrier, Widower or divorces (Write the word)	16 DATE OF DEATH 28, 19230 (Month) (Day) (Year)
	Month) (Day), 1929	thet I lest sew here alive on pocky 2.5. 1922.
	7 AGE If LESS than I day hrs. or min.?	
1	(a) Trade, profession or particular kind of work	
	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. 3 mgs. de.
	9 BIRTHPLACE (State or country) Mary land,	Contributory Could Influenting Rhue Moles (Dursting) you mos de
	10 NAME OF SALES S	(Signed) (Kickel M. D. Asly & 9 1988 (Address) Clarksonlle Md
	OF FATHER Z (State of country) 12 MAIDEN NAME /	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER CE OF MOTHER (State or Country)	At place of deathyrsmosds. Transds. In theyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et place of dea.h?
	(Informant) by D. yockson (Address) Reuflsonfly Wid	Former or usual residences 19 FLICE OF BURIAL OR REMOVAL DATE OF BURIAL LULY 30, 1930
	Filed July 29 1930 of a Such Registrer	Caston Sond Bluest Cu
I	If more branks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT MARGIN RESERVED FOR BINDING AINLY, WITH UNFADING INK--THIS IS A PE WRITE

	PLACE OF DEATH	0537 STATE OF MARYLAND
	County County	CERTIFICATE OF DEATH
1	1 1	Registration Dist. No. 19
1	Ollinatra.	
2	Village or City	St.: Ward) (If death occurred In a hospital or institu-
Salaha Sa	1 100 b h 1	tion, give its NAME in-
	2FULL NAME	Humber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR DI RACE 5 SIGLE.	16 DATE OF DEATH
	VIAIO MIDOVED.	Jan. 30, 1933 g.
	(Write the world)	(Month) (Day) (Year)
	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	Mely 23, 1855	Muary 1 1929 . 00 Ministry 30, 1920.
	(Month) (Day) (Year)	that I last saw h Malive on January 30, 1920
	7 AGE / [If LESS than	and that death occurred on the date stated above at 5 PA.m.
	74/ 7 5 1 day hrs.	The CAUSE OF DEATH * was as follows:
	yrsds. ormin.?	Q
	8 OCCUPATION (a) Trade, profession or	Troncho neumonia
0	particular kind of work	
	(b) General nature of industry business, or establishment in	.5
1	which employed or (employer)	(Durstion) vrs. mos de.
	9 BIRTHPLACE	Contributory Secondary
	(State or country)	(Duration) / yrs mos de,
	10 NAME OF	Clark n Her lest
	FATHER Shu laures	(1) 3) 3/. CON STAT
	U 11 BIRTHYLAGE	January 20 1900 (Address) Elles y ay MR
	OF FATHER Z State or country (Scious) 12 Mariden Name	*State the Disease Causing Death, or, in deaths / from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1	TIZ MAIDEN NAME	
	a OF MOTHER CUCUM	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER	At place In the
	(State or Country) (Country)	of death yrs mos de. State yrs de.
i	14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	100/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Former or usual residence
	(Informant)	
	1 5/100 - W P -	19 PYACE OF BURIAL OR REYOVAL PATE OF BURIAL
	(Address) Ellicate City	19 PLACE OF BURIAL OR REMOVAL PRATE OF BURIAL J. 19 30
	(Address) Filed MA 31 1920 WIA Friedell	
	(Address) Filed M. 31 1920 W/A Fringels Registrar	19 PLACE OF BURIAL OR REMOVAL PRATE OF BURIAL J. 19 30

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a rner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, pcritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; by Committee on Nomenclature " "Marasmus," "Old Age, or intercurrent) affection need not be Chronic etc. valvular heart disease; The contributory " Shock,"

No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Toward	CERTIFICATE OF DEATH
1		Registration Dist. No. 191
	Village or City Llical CityNo.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
IIIICa	2FULL NAME Charles T. Je	Thusou stend of street and number.)
200	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
מסט	MARGIED, WIDSWED, ON ONLOWED, ONL	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
0	Che 17 19121	Dec / 1920 to 6 3, 1923 6
5	(Month) (Day) (Year)	that I last saw handlive on 1820,
	7 AGE	and that death occurred on the date stated above, at 2.15A m.
	17 4 1 dayhrs.	The CAUSE OF DEATH * was as follows:
	yrsds. ormin.?	
200	(a) Trade, profession or particular kind of work	Julmon Juleuren
1	(b) General nature of industry	
2	business, or establishment in which employed or (employer)	(Duration)yrsmosds.
5	9 BIRTHPLACE	Contributory Secondary
	(State or country)	Avation) yrs mos de.
	10 NAME OF	(Signey) / le f one M.D.
	Claylow Johnson	Va 3 ha Alleran 1. has
2	of Father	(Address)
	Z (State or couple) ary fland,	*State the Placase Causing Death, or, in deaths from / Violent Causes, state (i) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Moturial Waters	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or Country) / ury laced.	of deathyrsds. Dtateyrsds.
	14 THE ABOVE IS TRUETO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) Froze Waters	Former or usual regidence
	E11. XI 0,0-	19 PLACE OF BURIAL OF REMODAL DATE OF BURIAL
	(Address) 6 Mal Cly	St. Vally cur Jan 4. 1930
	Filed au 4 1930 Coll Fissell Registra	LONATON Sono Ellicol Cil
	If more banks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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(Approved by U. S. Census and American Fublic Health Association.)

en at home, fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more piccase of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective cf state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ennncr, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia carebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

approved by Committee on Nomenclature st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train as fracture of skull, and consequences (e.g., sepsis, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic valvular heart disease etc. The contributory

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PLACE OF DEATH stated EXACTLY, p properly classified. of certificate. ould be stated SINGLE.
MARRIED.
WOWED.
The work PERSONAL AND STATISTICAL PARTICULARS 3 SEX COLOR OR RACE eq in terms so that it may be See instructions on back 6 DATE OF BIRTH ACE (Month) (Day) 7 AGE Every item of information should be carefully supplied. CIANS should state CAUSE OF DEATH in plain terms statement of OCCUPATION is very important. See instri 6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country 10 NAME 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 THE ABOVE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

75-8

(Year) [If LESS than

min.?

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 day hrs.

luson	St.:	_Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
MEDICAL	CERTIFIC	CATE O	F-DEATH
16 DATE OF DEATH	Mas	4	23, 1930.
May 15	RTIFY, To	at I atte	nded the deceased from
that I last saw h a al			112.0
The CAUSE OF DEATH			COVIUS MEE
Progressis	~ New	ie	Thlogia
Contributory	(Duration	n)	yrsds.
May 24 1950		Nea	1.7 rendship
*State the Diseas Violent Causes, state Accidental, Sulcidal or E	e Causing (1) Meana Iomicidal.	Death, of Inju	or, in deaths from ary and (2) Whether
18 LENGTH OF RESID		Hospita	ls, Institutions, Trans-
At place of deathyrsmos.		In the State.	yrsmosds.
Where was disease contracte if not at place of death?	d,		
Former or usual residence		10 0 0	
19 PLACE OF BURING O	Uty (ley?	May 25, 1936
Foston	Do	us	Collier Cit

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Filed

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, to report specifically the occupations of persons enwhatever, write None. For many occupations a single word or term on Compositor, For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"(Exhaustion," "Heart mure, "Gold Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory." as) fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway traincarbolic acid-probably suicide. The nature of the injury, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, cough; or intercurrent) affection need Chronic etc. The contributory valvular heart Measles; disease; not be etc., of

PLACE OF DEATH	04415 STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
	Registration Dist. No. 192
Village or City Woodslood (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME PP attle Cuglina	Johnson . number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWD, OR DIVORCED (Write the word)	16 DATE OF DEATH ASSAULT TO THE STATE OF TH
6 DATE OF BIRTH	Month) (Vear) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
J 7 1872	apr 1927. 10 apr 7 , 1930
(Month) (Day) (Year)	that I last saw hy alive on a fall 5, 1980,
7 AGE	and that death occurred on the date stated above, at
	The CAUSE OF DEATH * was as follows:
b yrs. // mos. ds. or min.?	Ohr, Parenenymatrus Xupmux
(a) Trade, profession or Jousewife	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country)	Contributory arthus Schrasses
THE NAME OF A CONTROL OF THE PARTY OF THE PA	(Durstion) yes mos mos de.
10 NAME OF Seorge Cherowette	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER With Morare	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds, In the Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease coatracted, if not at place of death?
Ruth Bonsal	Former or usual residence
(Address) Woodstock med	St Thomas: Garnen Town Gran 9, 1930
15 Filed Ofr, 8 19220 Willy, Choles Registrar	Laston San Ellestery.
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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WRITE

Exact	PLACE OF DEATH County Focuacd	STATE OF MARYLAND
d	County froward	Registration Dist, No.
ated EXACTLY operly classifle certificate.	Village or City Neghland (No. Johnso	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st y be pr ack of	Makrowa While Single, MARRIED, Swide WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH N. 2 - , 1920
GE shoul hat it ma ons on b	6 DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1980. to 192, that I last saw h alive on 192,
lied. AGE s ns so that nstructions	Chrut Diner in entero If LESS than I day hrs. mos. ds. or min.?	and that death occurred on the date stated above, at
efully support of the plain ter	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Thousand found making clots of blood
be car EATH i	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
CF D	10 NAME OF FATHER Spueral Stoward Johnson	(Signed) M.D. Diffee M.D. M.D. 1920 (Address) Nightaus Ma
TION S	OF FATHER (State or country) 12 MAIDEN NAME 2	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
forma	of Mother Mattie Isola Midgeley 13 BIRTHPLACE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
id star	(State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
Every item o CIANS shoul statement of	(Informant) Wes . Howard Johnson	if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
CIAN State	(Address) for gliland ling 15 Filed MV 5 1960 of a Reclinto.	20 UNDERTAKER ADDRESS
Z Z	If more banks are needed, address tate Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Stretement of Cause of Death—Name, first, the DIS-EA: E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "IIaemorrhage," stited unless important. Example: Measles (disease approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) etanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n:ture of the injury, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic etc. valvular heart disease; The contributory

DATE OF THE PARTY	A P. MANENT	that it may be proper	
	WRITE AINLY, WITH UNFADING INK-THIS IS A P. MANENT	-Every item of information should be carefully supplied. ACE should be stated CIANS should state CAUSE CF DEATH in plain terms so that it may be proper statement of OCCIISATION is very important. See instructions on back of carti	
	WRITE	Every item of in	200000000000000000000000000000000000000

PLACE OF DEATH	06789 STATE OF	MARYLAND
County Stopard	CERTIFICAT	E OF DEATH
	Registration	Dist. No. 194
Village or City Village (No	St.: War	d) (If death occur) a hospital or in tion, give its NAM stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	2001
Multure Whole (Write the word)	(Month)	(Day) (Ye
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I at	
20 .03	192 . to	, 1
(Month) (Day) (Year)	that I last saw halive on	
7 AGEPhons 2 mer, in when IFLESS the	an and that death occurred on the date state	d above, at
day h		
yrsds. ormin	mit al-Not I	ug Ind m
(a) Trade, profession or	money avores accept	1 1 more
particular kind of work (b) General nature of industry	of orequality, from you	elling ///
business, or establishment in	Dry-Wolf O'Thurston	yrs Towns
which employed or (employer)	Contributory	
(State or country)	Secondary (Durstion)	VIN. 11106
10 NAME OF O O	(Signed) // // LO	excel.
FATHER Jas. J. Jones	- Lucy 30 1920 (Address) 11	1. A Ceixe
OF FATHER W		n, or, in desths fr
Z (State or country)	*State the Discase Causing Deatl Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	Injury and (2) Whet
of MOTHER MANY V. Gebron	18 LENGTH OF RESIDENCE (For Hos	
13 BIRTHPLACE	ients or Recent Residents) At place	
OF MOTHER (State or Country)	of death yrs mos ds. S	steyrsnos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?	
	Former or usual residence	22222
(Informant)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURN
(Address)		, 1
15	20 UNDERTAKER	ADDRESS
Filed 192	epa .	

8. No. 1 >

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, ete., For many occupations a single word or term on yr8). Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in Locomotive engineer, (6) material Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia,"

> approved by Committee on diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. as fracture of skull, and consequences (e.g., sepsis, carbolic acid -- probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; American Medical Association.) (Recommendations on statement of cause of death lelanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart Nomenclature of the The contributory Always qualify all "Shock," disease;

	-ISAHA	. Exact		
ORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, MHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	cate.	
WRITE: MINLY, WITH UNFADING INK-THIS IS A P MANENT FCORD	e states	properly	statement of OCCUPATION is very important. See instructions on back of certificate.	
MAN	should be	it may be	on back	
IS A F	. ACE	so that	uctions	
CTHIS	supplied	n terms	See instr	
NG IN	arefully	d in plain	ortant.	Mr. water offi
UNFAD	onld be c	F DEAT	very imp	
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RITE	item of	S should	ment of	
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	06750
PLACE OF DEATH	STATE OF MARYLAND
County Assourd	CERTIFICATE OF DEATH
4	Registration Dist. No. 193.
Village or City ong (Dorner (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jesuale White Single, Married, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH 6 4 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 LHEREBY CERTIFY, That I attended the deceased from
200. = 17 = 1859	04 lt 1930. to gune 4 , 1930,
(Month) (Day) (Year)	that I last saw h Malive on Many 3 . 198 C.
7 AGE If LESS than	and that death occurred on the date stated above, at 1.30 Pm.
70 yrs. 6 mos. 7 ds. or min.	The CAUSE OF DEATH * yas as follows:
8 OCCUPATION	Mall & Transmitted
(a) Trade, profession or at home	- (MANUMA)
(b) General nature of industry	1-
business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
9 BIRTHPLACE (State or country) Transland,	Contributory Secondary (Destion) yrs mos ds.
10 NAME OF Janiel Burall	(Signed) Mushon D. Jagger M. D.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of Mother Christiania Feterling	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Uniferration	At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
2 . 2 4 10	Former or usual residence
(Informant) Freemack . Hellay.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLANE -7 19 10.
15 Filed June 5 1980 My Master Registrar	20 UNDERTAKER J DADDRESS MALL Thurstail and
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. r," etc., For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory

	llage or City			No. Key	
PERSONAL AND STATISTICAL PARTICULARS				ULARS	
3 1	Male		or RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the wo	D
6 DATE OF BIRTH March 8, 1898				, 1	
) b	DCCUPATION a) Trade, proporticular kin b) General nousiness, or exhibit employ	ofession or d of work ature of in stablishmer	Al dustry	mos. 4	
_					
9 8	(State or con	intry) Md			
9 8	(State or co	F	ı J. K	eys	
S	10 NAME OF FATHER 11 BIRTHPL OF FATH	John ACE	n J. K	eys	
	10 NAME OF FATHER 11 BIRTHPL OF FATH	John ACE ER country)	d J. Ko	eys a Anders	on

09350

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of streat and number.)

	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH COMPANY (Nonth Company)
-	17 I HEREBY CERTIFY, That Stended the deceased from
	that I last saw h Amalive on Jug 12, 197
-	and that death occured on the date stated above, at 9 30
	The CAUSE OF DEATH * was as follows:
	(Duration) via
	Contributory Myo Concluded
	(Duration) yrs I mos.
	(Signed)
	aug 12 1930 (Address) Elbroge V
	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	ients or Racent Residents) At place In the
	ef death, yrsds. State yrsds
	Where was disease contracted, if not at place of death?
	Former or usual readence
1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	National Jemetery 8/15/30.,9
-	Solundertaker) with 180 was the

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwork, or At Home, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kild of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on yrs). Farm laborer, 6 without more precise specification as Day Cotton mill; (a) For persons who have no occupation (b) Automobile factory. The material and children, Laborer-Salesman. -Coal mine, etc. Locomolive engineer, not gainfully em-(b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Isbar yneumonia, Bronchopneumonia ("Pneumonia");

> "Iranition," "Marasmus," "Old Age," "Shock,"
> "Iraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suscide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, peritonaeum, etc., Carcinoma, approved by (Recommendations on statement of cause of death use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, Committee on Nomenclature Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Sarcoma,, cic., of

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PLACE OF DEATH County Howard les	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 193
Village or City Diston (No Thou	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mate White Single, Married, Widowed. White Or DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Sic. 0 (Month) (Day) (Year)	17 JI HEREBY CERTIFY, That I attended the deceased from July 18 1931 to July 2 1932 that I last saw h Walive on Ful 2 1 19230
7/ yrs. 2 mos. 10 ds. or min.?	artorio - Seluccio
(a) Trade, profession or Pelus Farmer (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE	(Duration) Contributory Secondary (Duration) Tros Tros Application
10 NAME OF FATHER TO Kirll 11 BIRTHPLACE OF FATHER (State or country) Censland	*State the Lisase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Charlott Stine 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Mrs. Nr. T. Kuill (Address) Laisen M. Filed Alf 22 188 M Mashr.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ALL 20 UNDERTAKER ADDRESS ADDRESS
Registras If more branks are needed, addre.s tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy loborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Plonter, fulness of various pursuits can be known. The gues-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (re-Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, tion applies to each and every Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on man, (b) Automobile factory. The material For persons who have no occupation Stutionory fireman, etc. But in many person, irrespective of Locomotive engineer, As examples: (0) (b)

Statement of Cause of Death—Name, first, the Disease Cause of Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever. (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease or as probably such, if impossible to determine definitely stated unless important. Example: Measles (discase use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Corcinomo, Sarcoma, etc., of Never report mere symptoms or terminal condi cough; Chronic ," "Coma," "Convulsions," etc. The contributory volvular heort diseose, affection need not be

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WRITE

V. S. No. 1

PLACE OF DEATH	09351 STATE OF MARYLAND
County Howald	CERTIFICATE OF DEATH
Xanna M	Registration Dist. No. 1
2FULL NAME VOUS KOUSKI	St:: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICILIARS	N-Digit co
	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Dept 1870	7/2 1920. to 8/13. , 1980
(Month) (Day) (Year)	that I last saw had alive on 8/13 1980
-6	and that death occurred on the date stated above, atm
yrs. / mos. / ds. or min.?	The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession or Particular kind of work	artinorlivosis
(b) General nature of industry business, or establishment in	(Duration)yrs./O mosds.
	Contributory Acute Cardiae
(State or country) (Lemany	Cilitation Dursdon Vis mos I de
10 NAME OF SELLYCHOSOW	(Signed) JO Marin M. D.
9)	
Ш	*State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER UNKNOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or Country) Generally	of deathyrsmosds. Stateyrsmosds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) John Couske	usual residence
(Address) Baltamas Mid.	Pack Full Md Wy 6/1930
Filed 8/14/30-192 HankShipley Registrar	20 UNDERTAKER (ASORESS) PAULO MA
	, 16 W. Saystoga St., Balto., Requesting V. S. No. 1.
	Village or City Capper Lille (No

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Exact

PLACE OF DEATH County Howard	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 198
Village or City Just Florence (No.	St.: Ward) (If death occurred a hospital or instition, give its NAME stead of street a
2FULL NAME Getty - Jame Lea	kino steed of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Lie (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fr
12 7 1930 (Month) 7(Day) (Year)	that I last saw halive on, 192
O yrs. O mos. O ds. or O min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Stelf Bru
9 BIRTHPLACE (State or country) Rud	Contributory Secondary (Duration) yes mos
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF STATES OF STATE	(Signed) Glauley Fraul M. 1247/13092 (Address) Revealing Manual Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Sadie Lee Warfield 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra- ients or Recent Residents) At place of death yrsmosds. State yrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) George Faither Leakins (Address) Wordbrine My	Former or usual residence
Filed HU J 1980 In Mustin	20 UNDERTAKER Lenhung ADDRESS

If more blanks are needed, addross State Registrar, 16 W. Saratega St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-tion, give its NAME In-stead of street and

attended the deceased from

ed above, atn.

spitals, Institutions, Trans-

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health. er," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e.g.. Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Laborer worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Deul-Spraner, nature of the business or industry, and therefore an whatever, write None. tired 6 yes). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuil, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physican, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Furm laborer, Laborer-Coul mine, etc. (b) Cotton will; (a) Salesman, (b) Greery; men, (b) Automobile factory. The material Compositor, For persons who have no occupation Archilect, Locomolive engineer, The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: *Cerdiros qualfewer** (the only definite synonym is "Epidemic cerebros simul meningitis"; *Diphilheria** (avoid use of "Croup"); *Typhioid fewer** (never report "Typhioid Pneumonia"); *Lobar pneumonia, *Bronchopneumonia** ("Pneumonia, *Lobar pneumonia, *Bronchopneumonia**); *Lobar pneumonia, *Bronchopneumonia** ("Pneumonia, *Lobar pneumonia, *Bronchopneumonia, *Lobar pneumonia, *Lobar pn

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart mure, machine disease," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (diseaso inges, perilonaeum, etc., Carcinonu, Sarcoma,, etc., of "Uraemia, "" "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all Chronic Whooping approved by Committee on (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid interstitial nephritis, cough; " "Heart failure," "Haemorrhage, Chronic etc. valvular heart disease; Nomenclature of the The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in defall, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

-1	4.		
Y, PHYSI-		PLACE OF DEATH County Howard	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 93
CORD SE EXACTL	cate	Village or City Mean Louis 6 Mary	St.; Ward) (If death occurred is a hospital or institution, give its NAME instead of street and number.)
Stated	fcer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ш .	o x	Male Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attanded the decased from
P	on	6 DATE OF BIRTH	Fet 1 1930, to Fet 2 , 1986
IS A CE	ructions	Month) (Day) (Year)	and that death occurred on the date stated above, at Harris
THIS -THIS	Inst	If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
INK-INK-INK-INK-INK-INK-INK-INK-INK-INK-	t. See	8 OCCUPATION (a) Trade, profession or Public particular kind of work	Chr. Interchal Mills
OING arefu	orta	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yra yra mae
NFAI be o	y imp	State or Courty 60. Virginia	Secondary (Duration)
TH U	le ver	10 NAME OF William a. Liffy	(Signed) Starting Frabily M. I
WI, WI	TION	BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
INLY	NADO	12 MAIDEN NAME Sally Shawer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
	000	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos da. In the State, yrs mos d
RITE tem o	ent of	(Informant) Should & Lifty	Where was disease contracted, if not at place of death?
WF Every It CIANS	tatem	(Address) Wordbine Med	19 PLACE OF BURIAL OR REMOVAL, THE OF BURIAL
1 D	80	Filed Lef 3 1981 M Master Registrar	20 UNDERTAKER ADDRESS
	11	are	III IIII II II V V (A) I SEL EL API

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD SAMPLED NOTES A STATE OF THE STA

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Scrvant, Cook, whatever, write None. business, that fact may be indicated thus: Farmer (re-Housemaid, to report specifically the occupations of persons ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Furm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation—Precise statement cupation is very important, so that the relative health-cupation is very important, so that the relative health-cupation is very important, so that the relative health-cupation is very important to the cupation of the cupation o Civil engineer, Stationary firemen, etc. But etc., For many occupations a single word or term on .. or At Home, and children, not gainfully emwithout more precise specification as Day etc. If the occupation has been changed (a) the kind of work and also (b) the The material in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhola fever (never report "Typhoia pneumonia, Bronchopneumonia ("Pneumonia,")

"usts of "Tumor" for malignant neoplasms); Mcasles; symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic ulerstitial nephritis, etc. The contributory :"Puerperal septicaemia,""Puerperal peritonitis," "vulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemor--causing death), 29 ds.; Bronchopneumonia and qualify as accidental, suicidal, or Homicidal, taken. For violent deaths state means of injury condition. "stated unless important. Example: Measles (disease igne of eause of death approved by Committee ignericature of the American Medical Association.) as probably such, if impossible to determine definitely. head of quenecs (£. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; If this certificate is looked over thoroughly and all ques-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes.," etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," unqualified, is indefinite); Tuberculosis of lungs, men-: Cancer" is less definite; avoid inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of "eontributory." such as "Asthenia," (Recommendations on state-"Anaemia" Struck by railway Always qualify all (second-(merely

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCIDATION is very important. Sectional or hack of certificate CORD MANENT MARGIN RESERVED FOR BINDING MINLY, WITH UNFADING INK-THIS IS A PI WRITE

V. S. No. 1

	PLACE OF DEATH	04416 STATE OF MARYLAND
	County Howard	CERTIFICATE OF DEATH
		Registration Dist. No. 192
	Village or Chy arriothyrlle (No.	St.: Ward) (If death occurred in a hospital or institu-
i i care	2 FULL NAME Willesin &	Lewis . tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2000	Male Color OR RACE 5 SINGLE. MARRIED WIDOWFO OR SUPPLY	16 DATE OF DEATH (Month), 19230, (Year)
	6 DATE OF BIRTH May 24, 1849 (Month) (Day) (Year)	that I last saw h Low alive on Mar 25, 1920,
	7 AGE Solvers of mos. Solvers of min.?	and that death occurred on the date stated above, at 1005A in. The CAUSE OF DEATH * was as follows:
I	a) Trade, profession or particular kind of work Lahrw.	Myocarditis
	(b) General nature of industry business, or establishment in	(Duration) yrs mos ds,
	which employed or (employer)	Contributory
2	9 BIRTHPLACE (State or country)	Secondary
	10 NAME OF	(Signed) Chu W Stept M. D.
	TATHER and delvis	af 3 1923W (Address) West Frends Til
	OF PATHEN Z (State or columny) IL MAIDS NAME OF TATHEN Z (State or columny) A C STATE OF TAXABLE OF TATHEN Z (State or columny)	*State the Discase Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of worderely first	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathmosds. In the Stateyrsds. Where was disease contracted,
	14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Information Like Lewis	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
	(Address) Marriolleville My	White Noch leps 4,030
	Filed afr 3 1930 John Worth	Esslow Sous Clies City
	If more blanks are needed, address State Registrag	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the er," etc., William laborer, Laborerdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, yrs). without more precise specification as Day For persons who have no occupation Stationary freman, etc. If the occupation has been changed -Coal mine, etc. Locomotive engineer, not gainfully em-But in many Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephrilis, by Committee on Nomenclature cough; Chronic or intercurrent) affection need not be Example: Measles (disease valvular heart disease; etc. The contributory " Shock," Measles;

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrosphalt fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of 'Croup'); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." approved by corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by roilway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Committee on Nomenclature Chronic valvulor heart discase; etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions can wered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

MARGIN RESERVED FOR BINDING

	1PLACE OF DEATH	STATE OF MARYLAND
	County Boward	CERTIFICATE OF DEATH
	End work	Registration Dist. No. 191
	Village or City Clecott Canaly	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
	- OLE WANTE	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Fluid White State of Color OF RACE SHIPLE OF COLOR OF CREED OW (Write the word)	16 DATE OF DEATH Full / 7 , 1920 (Month) (Day) (Year)
	6 DATE OF BIRTH March 2/, 1 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1927. to 1927. that I last saw he alive on 1927.
	7 AGE [IfLESS than	G A
	9/ yrs. 10mos. 27 ds. or min.?	The CAMSE OF DEATH * was as follows:
	B OCCUPATION (a) Trade, profession or particular kind of work	Fracture of surgical neck of famural due to
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre mos Z ds.
	9 BIRTHPLACE (State or country) Mary land	Contributory Secondary (Duration) yrs most ds.
	10 NAME OF Sulliam Suyder	(Signed) The A. D. M. D. Jack F. 1923 (Address) Eller Tal
	11 BIRTHPLACE OF FATHER (State or country) 12 MATDEN NAME OF TATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER WILL DOUSE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) (A) 11 LR LL	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Mr. William Lilly	Former or usual residence
	(Address) Ellieott Cily	DATE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BU
	Filed Pelry 19 1900 COS Fishell Registrar	Mary Potars Elliest City
	If more branks are needed, address State Registrar	, 16 W. Saratega St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Heart failure, Haemorinage, "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature cough; Chronic valvular heart disease; etc. The contributory not be

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20

	PLACE OF DEATH	
	lage or City Savage (No.	11
	2FULL NAME OVOZ. W. NX	N
	PERSONAL AND STATISTICAL PARTICULARS	
3 S	lale. Whate Single, Married, Wildowel. OR DIVORCED (Write the word)	16
8 [DATE OF BIRTH	17
	(Month) (Day) (Year)	tha
7 A	GE [If LESS than	and
	7 4 yrs. 6 mos. 1 9 ds. or min.	The
(k	occupation a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	(
9 8	SIRTHPLACE (State or country) (State or country)	
	10 NAME OF Josh. Littlicus	(Sig
ENTS	OF FATHER (State or country)	
PARE	OF MOTHER Mayoria Waters	18
	13 BIRTHPLACE OF MOTHER (State or Country)	At of c
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il I
	(Informant) Howard a. huthroum	usu 19
	(Address) Savoys Und.	,
15	1/15/20 71, 000 10.	20

06791

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	, ,	
t.:Ward)	(If death occurred in a hospital or institu	
	tion, give Its NAME Is stead of street an	
	number.)	

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 13 (Day) 1930 (Year)
(Month) (Day) (Year)	that I last saw hualive on 1923.
1 If LESS than	and that death occurred on the date stated above, at 1/50 Pm. The CAUSE OF DEATH * was as follows:
ssion or Physicians of work	Pancreas.
blishment in or (employer)	Contributory Secondary
Josh Linthians July Uld.	(Signed). Joseph M. D. 6/14/36. 192 (Address) Sources M. D. W. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
"Ellayonia Waters	Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. Stateyrsmosds. Where was disease contracted, it not at place of death?
30 192 Thankhipler	Savos Cemetery 6 16 30. 20 UNDERTAKER 7. U. Fusher Laurel Wed.
If more banks are needed, addre s tate Kegistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. I.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (re-Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Signal meningitis"); Diphtheria (avoid Pneumonia"); Cobar pneumonia, Bronchopaeumonia ("Pneumonia,")

BUREA

"(E:haustion," "Heart lauure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E.:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH County Howard	06042 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 192
ilicaro.	Village or City Sy Besnell (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	S SEX 4 COLOR OR RACE SINGLE, MARRIED, Maried WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 8., 19230 (Month) (Day) (Year)
010	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That lattended the deceased from 1930 to May 7, 1930 that I last saw h Walive on May 7, 1930
	7 AGE 78 yrs. 1 mos. 26 ds. or min.?	and that death occurred on the date stated above, at 6 "15 A m. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Organic Valvular High
	9 BIRTHPLACE (State or country) Md.	Contributory Hand (Duration) yrs de. Contributory Secondary (Duration) yrs des de.
	10 NAME OF Charles E. Pickett	(Signed) Valle B Strecher M. D. May 9 1980 (Address) Ly Renville
	OF FATHER (State or country) 12 MAIDEN NAME	*State the Pissase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Asserver	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Mrs. Killer Heffenger (Address) Syssemble Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Stringfield Buriety May 10, 19 30
	File Har 12 1820 alice & Helf Registrar	Thee Sow In Sykesnelle, 16 W. Saratoga St., Baito, Requesting V. S. No. I.
	ir more blanks are needed, addre. S Clate Registrar	, to the Datacoga Dei, Dattor, Raduceting to D. 1101 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) cupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (6) For persons who have no occupation. Stationary fireman, etc. But in many Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on icianus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stited unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-" Uraemia, Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid " "Weakness," etc., when a definite disease for malignant neoplasms); Measles; Chronic valvular heart disease; etc. The contributory Nomenclature of the

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V. S. No. 1

PLACE OF DEATH County Howard	04417 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Elkridge (No. 2FULL NAME Sarah Lot	Registration Dist. No. O (If death occurred is a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married Wildowed. White Word (Write the word) 6 DATE OF BIRTH Aug 24, 1854	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from the company of the
(Month) (Day) (Year) 7 AGE 75 yrs. 7 mos. 9 ds. If LESS than I day hrs. or min.?	
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Peoria	Contributory Browels Brown mos de Contributory Browels Brown mos de Contributory Secondary
FATHER John Hollor II BIRTHPLAST OF FATHER (State or country) II MAIDEN NAME OF MOTHER Mary Mary	*State the Disease Causing Death, or, in Jaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place of death wrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Elkridge Ind. File April 3 1930 Mid Williams Registrar	20 (NDERTAIGER Soms Clical Liles, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many Locomolive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar, or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. American Medical Association.) (Recommendations on statement of cause of Examples: A ceidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic Example: Measles (disease etc. The contributory valvular heart disease,

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13 BIRTHPLACE

OF MOTHER

(State or country)

Every item CIANS sho

ients or Recent Residents)

Where was disease contracted, if not at place of death?

yts..... mos.....

DATE OF BURIAL

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

State yis mos

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

At place

Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health the first line will be sufficient, e. g.. Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. tweed 6 yrs). For persons who have no occupation work, or Al Home, and children, not gainfully emem at home, who are engaged in the duties of the er," etc., Without more record mine, etc. worked on may form part of the second statement. Mever return "Laborer." "Foreman," "Manager." "Deal-Spiener, (b) Collon mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemund, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, The ques-Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrosynhal fener (the only definite synonym is "Epidemic cerebros, inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinonu, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition, causing death), 29 ds.; Bronchopmoumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." accident; Revolver wound of head-hamicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," ctc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mercly symptom-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of carbolic acid-probably suncide. The nature of the injury, taken. For violent deaths state means of injury approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus, Chronic " "Old Age, " "Shock," etc. valeular heart Nomenclature of the The Sarcoma,, contributory Measles ; discuse; not be etc., of

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD ANENT MARGIN RESERVED FOR BINDING NLY, WITH UNFADING INK--THIS IS A PE WRITE F V. S. No. 1

	PLACE OF DEATH	04418 STATE OF MARYLAND CERTIFICATE OF DEATH
	unty.	Registration Dist. No. 190
Villag	2 FULL NAME Charles Freder	St.: Ward) St.: Ward) A hospital or institution, give its NAME istead of street annumber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	ale White Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH OF 7, 1910. (Month) (Day) (Year).
6 DAT	TE OF BIRTH There 25, 1906 (Month) (Day) (Year	
7 AGE	If LESS the law has lor mise and the law has cor mise and the law has been supported by the law	rs. The CAUSE OF DEATH * was as follows:
(b)	Trade, profession or Head Concerning of the State Conc	(Duration) / yro Q mos
9 BIR	erthplace State or country) a. G. Co. Md	Contributory Mys Cardaal closury
9 BIR (5	O NAME OF FATHER James Henry Murshale BIRTHPLACE OF FATHER (State or country) Warshale OF STATE OF STATE (State or country)	Contributory My Secondary (Duration) (Signed) (Maddress) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Sig
9 BIR 11 12 11 11 11 11 11 11 11 11 11 11 11	O NAME OF FATHER James Henry Marshall BIRTHPHACE OF FATHER	Contributory Mys Carelabel Classery Secondary (Duration) (Signed) (Signed) (Address) (Address)

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Loborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Plonter, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foremon, (b) Automobile factory. The material nature of the business or industry, and therefore an Physician, whatever, write None. business, that fact may be indicated thus; Former (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH. to know For many occupations a single word or term on yrs). without more precise specification as Doy Compositor, For persons who have no occupation Stationary fireman, etc. But in many (a) the kind of work and also (b) the Architect, Locomotive engineer, Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom (secondary Chronic interstitial nephritis, "PUERPERAL scplicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) peritonoeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; or intercurrent) Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature

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N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD KANENT WITH UNFADING INK--THIS IS A P. INLY, WRITE

FOR BINDING

MARGIN RESERVED

V. S. No.

PLACE OF DEATH	SIATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
	Registration Dist. No. 190
Village or City Dosay (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Male Col WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH 26 1928	17 Of HEREBY CERTIFY, That I atlended the deceased from
(Month) (Day) (Year)	that I last saw home alive on Dec 21, 192.70
7 AGE [If LESS than	and that death occurred on the date stated above, at 6
yrs. 1 mos. 26 ds. or min.?	The CAUSE OF DEATH * was as follower
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry	-2
business, or establishment in which employed or (employer)	(Duration) yrs, moe , ds,
9 BIRTHPLACE	Contributory Secondary
(State or country) Howard & . Ind	(Duration) yrsmost.Og.ds.
10 NAME OF Walter Matthews	(Signed) 1903 (Address) Elfrage
OF FATHER (State or country) Howard & Mod	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Rose Sparrow	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Howard 6 Mg	At place In the State yrs mos ds. Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
B - M. +H	Former or usual residence
(Informant) Note Watthews (Most	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL 23, 130
15 Filed 20 22 1980 & Bidd William Registrar	20 UNDERTAKER P Starr Shuttit;
If more hanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (received gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile foctory. The material or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Coal mine, etc. Wom-Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

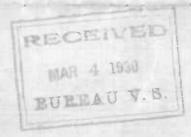
Capproved by Committee on American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Ursemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; State cause for which surgical operation was under-Examples: Aecidental drowning; Struck by railway trainelanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic vuo valvular heart disease; Nomenclature Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH	STATE OF MARYLAND
21, , , ,	CERTIFICATE OF DEATH
County Thomas	101
111 .11.	Registration Dist. No.
Village or City Ellicottleitino.	Sta Ward) (If death occurred in
	a hospital or institu-
2FULL NAME Margaret Hoolsto	atend of street and number.)
FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR RACE 5 HNGLE.	16 DATE OF DEATH ON LE 15 15 30
(A) WIDOWED James	, 19220
(Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	
Jan 45 1859	
(Month) (Day) (Year	that I last saw h alive on well that I last saw h
7 AGE	and that death occursed on the date stated above, at 2m.
M/ // I dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	
8 OCCUPATION 7	Pora-nary throughouse)
(a) Trade, profession or Amstronk	
(b) General nature of industry	1
business, or establishment in	(Duration) yrs
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Sullamaton (Secondary (Durstion) yrs mos de
1 10 NAME OF A TACAL	4 4/2/2 1 1 - 1 est - 0 - 1 10 -
FATHER POSSONAMENTO Norteston	(Signed) Indig to tollary thereing arting coroner
O 11 BIRTHPLACE	Tel 15 1920 (Address) Eller Waty Mg
C (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether
TI MAIDEN NAME R	Accidental, Suicidal or Homicidal.
of MOTHER / actual no	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
13 BIRTHPLACE	
OF MOTHER (State or country)	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TAKE TO THE BEST OF THE ABOVE IS TAKE	Former or
(Informant) Co frances - Marthews	USUS TESIGENCE DATE OF BURIAL
flat leite Ma	PLACE OF BURIAL OR REMOVAL
(Address) & Moore C Group 110	Friends Furial offund 400 17-1930
7. 1. 12 man 1141 1.	20 UNDERTAKER Bafta MA ADDRESS
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If more blanks are needed, address State Recistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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1.	CO

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.58X 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED'. WIDOWED OF OWNECS (Write the word) (Month) (Day) 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) IIfLESS than 7 AGE and that death occurred on the date stated above, at/ The CAUSE OF DEATH * was as follows: l day hrs. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country 10 NAME OF FATHER 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER LZ (State or country ш 12 MAIDEN NAM K 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place of death... OF MOTHERyrs........ds. (State or Country Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?.... Former or usual residence (Informant) DATE OF BURIAL 19 PLACE OF BURIAL 20 UNDERTAKER

If more branks are needed, address State Registrar 16 W. Saratoga St., Balto., Requesting V.S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative healthlaborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Grocery;

spinal meningitis"); Diphlleria avoid use of "Crous"; fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospolia to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia pneumonia, Bronehopneumonia ("Pneumonia,

JAN 5

answered in detail, it will prevent further correspondence. All the permanently filed stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles, inges, perilonoeum, etc., Carcinoma, Sarcoma, tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary). (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, State cause for which surgical operation was under-"Uruemia, " "Weakness," etc., when a definite disease Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; Chronic valvular heart disease; etc. The contributory

V. S. No. 1

	PLACE OF DEATH	UUSUU STATE OF MARYLAND
	County Howard	CERTIFICATE OF DEATH
		Registration Dist. No. 14
	40	
	Village or City Duny (No.	St.: Ward) (If death occurred in a hospital or institu-
are		tion, give its NAME in- stead of street and
2	2FULL NAME Transcul	number.)
Cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, A A. T. A.	16 DATE OF DEATH
CY	to mad What or DIVORCED	, 192
0	(Write the word)	(Month) 2.2 (Day) /93 (Year)
0	6 DATE OF BIRTH	Van 3 1981 to 1 2 2 , 1920 .
20	10, 1835	
0	(Month) (Day) (Year)	that I last saw holomalive on filling, 1980,
on	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
31	9 y yrs. 2 mos. 1 ds. or min.?	Indernate & of age
-	& OCCUPATION	
200	(a) Trade, profession or Norm	Till to 1 to 1 to 1
	(b) General nature of industry	Support tol on carpet, fell, and troke
an	business, or establishment in	her lag. Cwf. (Duration) yes mos ds.
0	which employed or (employer)	Contributory Tsacture of territor
E I	9 BIRTHPLACE (State or country)	Secondary
×	10 NAME OF	(Duration) yrs mos 20 ds.
Ae	FATHER / Season / Globach	(Signed) M. D.
07	11 BIRTHPLACE	Jan 27 1980 (Address) Clasherelle 114
2	OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
-	TI 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
1	of MOTHER Una Nearn	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
3	13 BIRTHPLACE OF MOTHER	At place In the State, yrs, mos, ds, State, yrs, mes, ds.
14 1	(State or Country)	of death yrs
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	and Wills Contract	Formst or usual residence
me m	(Informant) helf	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
916	(Address) Cla cott aty Ma 171	Bondance Comeles flere 24, 192)
8	15 2 2 2 2 1 1 2 1 1 1 L	20 UNDERTAKER . ADDRESS
	Filed fame 1 1923 of nu UV	Ho de hatter for Elecottete m
		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	ir more planks are needed, address State Registrar	, , , , , , , , , , , , , , , , , , , ,

(Approved by U. S. Census and American Public Health Association.)

er," etc., laborer, en at home, who are engaged in the duties of the whatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Oceupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day (b) Automobile factory. The materia Laborer-Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the Disc EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same adcept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature American Medical Association.) "(Exhaustion," "Heart failure," Haemorinage, "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Recommendations on statement of cause of death as fraeture of skull, and consequences (e.g., sepsis, Examples: A ccidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

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classified

PLACE OF DEATH	10501 ST
County Howard	CER
	161-0
Village or City Sempsonne (No.	
2 FULL NAME Marien Jum mc	mehan
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE
De de la color or race 5 SINGLE, MARRIED, WIDOWED. De de la color or race 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH Seph (Month) (Day) Year)	that I last saw h & alive
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the CAUSE OF DEATH * was
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Smus
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER ON MC Mahon 11 BIRTHPLACE OF FATHER	(Signed) (Addre
OF FATHER Z (State or country) 12 MAIDEN NAME OF MOTHER	Violent Causes, state (1) Accidental, Suicidal or Homici
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE ients or Recent Residents) At place of death yrs
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
Address Singsonnelle Ma	Somune (
Filed ARAU 1923	So of So

ATE OF MARYLAND TIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME is - stead of street and number.) RTIFICATE OF DEATH (Month) (Day) Y, That I attended the deceased from (Duration) ausing Death, or, in Means of Injury and (2) Whether (For Hospitals, Institutions, Trans-In the

If more hianks are needed, address State Registrar, 16 W. Caratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only anot paid House a per who receive a state occupation at begin up of ill. c.s. If resired from definite salary, may be entered as House vie. House en at home, who are engaged in the duties of the loborer. Spinner, (b) Cotton will; a Sal man (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," to main. ""Integer." "Dealshould be used only when needed. additional line is provided for the latter statement; it fulness of various pursuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thur; Further (reor given up on account of the risks it causing gaged in dome-tie ser ice for vago, as Novemb, Cook ployed, as Al school, or Al home. Care should be taken work, er," etc... sary to know cases, especially in unjustrial employments, it is neces-Civil engineer, Stationary firemen, etc. tion applies to each and every person, irrespective of Statement of Occupation - Precise statement of ocwhatever, write None. Housemaid, et . to report specifically the occupations of perions nature of the business or industry; and therefore an Physician, Compositor, Architect. Locomolive the first line will be sufficient, e. a., Farmer or Planter, Cr For many occupations a single word or term on Farm laborer At Hone. with at nove process is ation as Day For peron (9) the kind of work and also b) the If the occupation has been changed and oblidren. who have no occupation not gainfully em-As examples: (a) But in many The quesengineer, DEATH.

Statement of Cause of Peath Name first, the Diseast can and peath the purpose of time and cau tion unity always to the accepted term for the same discontinuity always to the accepted term for the same discontinuity "Epid mix development fever (the only definite agriculture of "Croup"); spinal maningiti": I is his continuity of "Croup"); Typhoid fover never representation "Pneumonia"); Lobar preumonia, Brown a membrane "Pneumonia,"

teland may be fall dund rit bead of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, stated unless important. Example: Measles (disease use of "Tumor" ingss, periloraeum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is loss definite; avoid approved by (Recoramendations on as fracture of skuil, and consignences c. g., sepsis; accident; Resolver wound of heart-homicide; Poisoned by and quilify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia, "PUEPPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" tions, such as "Asthenia," "Anaemia" merely symptomcausing death. 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent affection need not be Chronic interstitial nephritis, unqualified, is indefinite; Tuberculosis of lungs, men-American Medical Association. carbolic and properly said. Examples: Accibulal drowning; Struck by reilway trainor as probably such, if impossible to determine definitely, taken. Whooping cough; "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY ("Congenital." Committee on Nonenclature "Heart failure." "Haemorrhage," for malignant neoplasms); Chronic inbulur heart disease; statement of lause of etc. The contributory The n ture of the injury, Always qualify all Measles; etc., of

If this cartificat is looked over thoroughly and all questions answered in detail, it will prevent further or respondence. All the data is exected and must be intrined lifter the certificate is permanently filed.

V. S. No. 1

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vh	llage o	or City (of the	al state	+	Spir	y	beso
/		² FULL	NAME	7,	nar	y Cler	abel	t i
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-	ten			lute		MARRIED, WIDOWED, OR DIVORCE Write the wor	Sen d)	y la
6 1	DATE	OF BIRTH		0	,			
		•••		yes	onth)	(Day)	, 1	938 (Year)
7 /	GE		1,50	0				ESS than
J(a) Tra	ATION de, profes ar kind o	f work		mo	ou		d min.?
3 () b	a) Tra particul b) Ger susines which o	de, profes ar kind o neral natur s, or estab employed o	f work re of in blishme or (emp	ndustry nt in	n			
3 () b	a) Tra particul b) Ger susines which o	de, profes ar kind o neral natur s, or estab	f work re of in blishme or (emp	ndustry nt in	n			
3 () b	a) Tra particulation of the control	de, profes ar kind o neral natur s, or estab employed o	f work re of in blishme or (emp	ndustry ent in oloyer)	n		ls. or 3	
)(I) b b b	a) Trasparticular b) Germusines which of the street of the	de, professar kind oneral natures, or establemployed of PLACE or country	f work re of in blishme or (emp	ndustry ent in oloyer)	n	ou	ls. or 3	
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PARENTS	a) Trasarticular de la companya del companya de la companya de la companya del companya de la co	de, profes ar kind o neral natur s, or establemployed o PLACE e or countr; AME OF THER RTHPLACI FATHER State or countries to the country of the country o	f work re of in relishme re (emp y) E untry) E E	Mul	ma ma	schale	(s. or 3	Ømin.?
PARENTS	a) Tra varticularia de la constanta de la cons	de, profes ar kind o aeral natur s, or estab employed o PLACE e or countr; AME OF THER RTHPLACI FATHER State or cou MOTHER RTHPLAC	f work re of in relishme re (emp y) E untry) E E	Mul	ma ma	ou	(s. or 3	Ømin.?

0502 S

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 194

Mc malion St.: Ward)	(If death occurred is a hospit d or institu- tion, give its NAME i. stead of street an- number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH	, 1937
(Month)	(Day) (Year)
17 HEREBY CERTIFY, That I atte	
left 5 1930. 10 Nep	2 J 192
that I last saw her alive on Such	1- 198
and that death occurred on the date stated	above, at 5 A m
The CAUSE OF DEATH * was as follows:	
Dramatur Birth	there being
living	(y
/D	
	yrsds
Secondary Secondary	
(Durgion)	z. yrsds
(Signed) William	LO, M.D
Sept J 1980 (Address) Clark	esnell me
'	or, in deaths from
*State the Disease Causing Death, Violent Causes, state (1) Means of Injunction Accidental, Suicidal or Homicidal.	ury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospita	als, Institutions, Trans
ients or Recent Residents) At place	
	yrsmosds
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Venrence Cemelen	Sept-5, 1930
20 UNDERTAKER	ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, or given up or eccount of the same of the same, state occupation at perinang of these. If retired conshould 'we used only when record. As cramples: (a) business, that fact new bound cated thus; Form gaged in demestic service for vage, as Serion, Cook, Housemoid, etc. If the occupation has been chapged definite salary, may be entered as Howarde, House-work, or At Home, and children, not gainfully employed as At school, or At home. Case should be taken additional line is grow ded for the latter statement; it sary to know cases, especial; in in justrial employment, it is necescupation is very important, so that the relative health-fulness of various pursuits can be known. The queswhatever, write Nonto report household only not paid House en at home, who are engaged in the duties of the er," etc., without more process specification as Day worked on may form part of the second statement.

Never return "Laborer, "Foreman," "Manager." "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Com, ositor. the first line will be suffice nt, e. . . Farner or Planter, tion applies to e ch and every person, irrespective of Statement of Occupation Precise stitement of oc-Foreman, (b) For many occupations a single word or term on Farm (abover man, (b) Automobile factors. The material specifically the occupations of persons For persons who have no occupation 'a the kind of work and also b) the Liner espers who receive a Locomot e n ine, etc. But in many engineer, Wom-

Statement of Cause of Death Nome, first, the hist East Causing Death the primary affection with respect to time and causation, using always the time accepted the term of the causation, using always the time accepted the fewer (the only definite synthemass. Endemine economy); I spinal measured to the causation of the control of the only definite synthemass. The demine cerebrost in the causation of the control of the control

American Medical Association. Recommendations on statement of cause of teta " ap, proved carbolic and probably uncide. The nature of the injury "Debility" ("Congenital," "Senile," etc., "Dropsy," "Ethaustion." "Heart failure," "Haemorrhage, 10 ds. stated unless important. Example: Meades (disease causing death, 29 ds.; Branchopneumonia (secondary)) as fracture of skull, and consequences e.g., accident; Review we will of head-homicide, State cause for which surgical operation was under-"PUERPERAL septicacmia, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar or intercurrent affection need Whooping cough: unqualified, is indefinite; Tuberculosis of lungs; men-(a) may be mated under the head of 'contributory." .. name origin; "Cancer" is less definite; avoid Perilonacum, etc., Never report mere symptoms or terminal condi-FOR VICLENT DEATHS STATE MEANS OF INJULY interstitial nephritis, Committee on Nomenclature of the ("hronic rahular heart as the cause. Carcinoma, "PUERPERAL perilonibis." etc. etc. "Old Age, The Always qualify all Sarcoma, etc., of etc., "Dropsy, contributory Poisoned by "Shock," not be disease;

If this certificate is looked over thoroughly and a i quistions abswered in detail, it will prevent further o crespondence. All the details in the and must be obtained before the certificate is because the details.

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V. S. No. 1

(N)	X	, PHYSI- ed. Exact
	CORD	riy classiff
DING	-THIS IS A PI MANENT CORD	ipplied. ACE should be stated EXACTLY, PHYSI- terms so that it may be properly classified. Exact instructions on back of certificate.
OR BIN	SAP	ACE sho that it n
VED FOR BINDING	-THIS I	ipplied.

PLACE OF DEATH County Howard	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Clust City (No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED	16 DATE OF DEATH DEC 1930 (Month) (Day) (Year)
6 DATE OF BIRTH ager 29, 26	I HEREBY CERTIFY, That I attended the deceased from
7 AGE 7 AGE 1 day 1 ds. or mi 8 OCCUPATION (a) Trade, profession or	and that death occurred on the date stated above, a 2.35 m. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 W 13 BIRTHPLACE OF FATHER (State or country) 14 BIRTHPLACE OF FATHER (State or country) 15 BIRTHPLACE OF FATHER (State or country) 16 Many Lawel	(Durstion) Contributory Secondery (Durstion) (Durstion) (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER CHIELLING Thorn 13 BIRTHPLACE OF MOTHER (State or Country) Mary Land	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) M. Wildow Mercus (Address) Eller To 1920 W14 Friscell	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL STORY 20 UNDERTAKER ADBRESS
Registrar	strar, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer arc to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a borer, Farm laborer, Loborer—Coal mine, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whosping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ess important. Example: Measles (disease etc. The contributory

It this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All tha data is essential and must be obtained before the certificate is permanently filed.

properly classified. Exact of certificate. be stated DING may should that CE terms so supplied. --THIS RESERVED be carefully s EATH in plain MARGIN 0 Should E OF CAUSE information id state CIANS should statement of OC

instructions

important.

NTS

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00 PA

Village or City

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

(31)

2D UNDERTAKER

Registration Dist. No.

n treseon	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
MEDICAL	CERTIFICATE O	F DEATH
16 DATE OF DEATH	Sept-	29, 1930
***************************************	(Month)	(Day) (Year)
formany 2	ERTIFY, That Latte	nded the deceased from
and that death occurred The CAUSE OF DEATH	* was as follows:	above, at 6 a m
	(Duration)	yrs. Zon mos de
Contributory Secondary		
1 . 4 /	(Duration) Address)	JTS. M. D
*State the Disea	se Causing Death,	or, in deaths from ury and (2) Whether
18 LENGTH OF RESID		als, Institutions, Trans
At place of deathyrsmos.	In the	yrsmosds
Where was disease contracte if not at place of death?	ed,	
Former or usual residence		
19 PLACE DE BURIAL C	OR REMOVAL	DATE OF BURIAL

PERSO	DNAL AND ST	ATISTICA	L PARTICU	JLARS	
SEX	4 COLOR OF		INGLE,	^	
male	I time	0, 0	WIDOWED. OR DIVORCED (Write the word)		
DATE OF B	IRTH Ca	u	187	£ 1906	
	//	(Month)	(Day)	(Year)	
AGE	0			If LESS the	
ě.	24 yrs.	8 mos	. // de	l day hr	
OCCUPATIO	N	1 /			

(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) ID NAME OF FATHER 11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME 13 BIRTHPLACE OF MOTHER

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)	0,5	2./11	CLO	in	2.
(Address)	jes	isu	W/	udi	
	1.	do		0006	

(State or Country)

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1 vî.

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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken report specifically the occupations of persons en-Foremon, For many occupations a single word or term on Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as (b) Automobile factory. The material For persons who have no occupation Locomotive engineer, duties of the 3 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Corchrospinal fever* (the only definite synonym is *Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY name origin; "Cancer" is less definite; avoid Chronic valvular heart diseose; affection need etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH	12272 STATE OF MARYLAND
6/200	CERTIFICATE OF DEATH,
County	(74-0) Registration Dist. No. / 9/
Sol XI	
Village or City III Wo.	St.: Ward) (If death occurred in a hospital or institu-
t m	flon, give its NAME in-
2 FULL NAME CHICA I JAN	Mull mumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OF RACE & SINGLE	16 DATE OF DEATH
Temale Mille (Write the work)	(Month) (Day) (Year)
Lemme for Me (Wyhe't trestants) we	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	how 3 1930, 10 por 4 1023
100 1 1885	that I last saw h am alive on Mon 3 1923.
(Month) (Day) (Year)	and that death occurred on the date stated above, at J.39 Cm.
7 AGE	The CAUSE OF DEATH & was as follows:
44 // 27 Idayhrs.	
OCCUPATION / de. or min. ?	Iscule berehal beholden
(a) Trade, profession or	
particular kind of work	
business, or establishment in	(Duration)yrs,mos/de,
which employed or (employer)	Contributory
(State or country)	10/1-
10 NAME OF	1 / tonaun 14
FATHER (Sultamon)	(Signed)
2 II BIRTHPLACE	Mu. 6. 19230 (Address)
(State of country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Jeans of Injury: and (2) whether
H BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.
a Mulleours	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs. mos da. State, yrs mos da.
(State or connected statements)	Where was disease contracted,
IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death >
(Informant) Welle Miller	usual residence
500, XP, 1-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Af. Whiis Cley 100 . 1. 19 Ag
File (W. 7 1922)	20 UNDERTAKER ADDRESS
With Annell Registrar	Claston Dono Ellust (1)
if more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requestive V. 8 No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home, (are should be taken state occupation at beginning of illness. If retired from or given up on account of the DISLICE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Furm laborer, Laborer-Cal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus: Farmer (reto report specifically the occ pations of persons ener," etc., without more precise specification as Day worked on may form part of the second statement "pinner, (b) Cotton mill; (a) Salesman, (b) Grocery; sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotice engineer the first live will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-(a) Foreman, (b) Automobile factory. Statement of Occupation Precise statement of oc-6 yrs.). or Al For many occupations a single word or term on Home, and children, not gainfully em-For persons who have no occupation As examples: (a) The material

Assectment of Cause of Death—Name, first, the bishase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epilemic cerebrospinal meningitis"); Diphtheria (avoid us of "Croup"); Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia, Broachopneumonia ("Pneumonia,"

head of diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely ment of cause of death approved by quences (e. g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. "Puerperal septicuenia." "Puerperal peritonitis," can be ascertained as the cause. "Uracmia," "Weakness." etc., when a definite disease rhage," "lnanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart causing stated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) Examples: Accidental drowning; Struck by railrow aud qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was undervulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbalic acid—probably suicide. (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart FOR VICLENT DEATHS STATE MEANS OF INJURY "contributory." the injury, as fracture of skull, and consedeath), 29 ds.; Bronchopneumonia "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes Always qualify all failure," "Haemor-"Coma," Committee ou Meastes; (second-(disease

If this sertificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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PLACE OF DEATH	15 (() () STATE OF MARYLAND
County Howards,	CERTIFICATE OF DEATH
Village or City Hoodbine (No	St.: Ward) St.: a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE. MARRIED, Hidaw OR DIVORCED (Write the word)	16 DATE OF DEATH Dec. = 1933. (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 20 1930 to Lie 5 ,1930, that I last saw h laive on Sie 5 , 1930,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at #, #0 P.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work house (b) General nature of industry business, or establishment in which employed or (employer)	(Durston) 3 yre mos de
BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Gufus appaleby.	Contributory Secondary (Durstion) yrs mos. do. (Signed) M. D. 12/5 (Addres) MARLY MARLY
OF FATHER (State or country) Many Cared,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Partha Bernett, 13 BIRTHPLACE OF MOTHER (State or Country) Mary Land,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des.h?
(Address) By Boswith av., (Address) By Boswith av., Filed 1923 1 20 10 10 10 10 10 10 10 10 10 10 10 10 10	Den market Cerreting Dec = 8, 1920 20 UNDERTAKER ADDRESS ADDRESS
Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits ean be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestie service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coul mine, etc. Wom-6 Grocery,

Strtement of Cause of Death—Name, first, the DISEA. COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Wcaknoss," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid as fraeture of skull, and eonsequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injuny unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal eondior intercurrent) affection need not be ses important. Example: Measles (disease valvular heart disease; etc. The contributory ete., of

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, RHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT BINDING AINLY, WITH UNFADING INK--THIS IS A RESERVED FOR MARGIN WRITE V. S. No. 1

County Stoward	CEDITEICATE OF DEVIA
	(29) CERTIFICATE OF BEATT
Village on Charles flan Aprisonal	Registration Dist. No. 79
FULL NAME Hilliam & M.	St: Ward) a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, OR DIVORCED (Write the word)	16 DATE OF DEATH Feb. 9 - 27 = 19930. (Month) (Day) (Year)
DATE OF BIRTH 12 - 27 1862	Fel 25 1930, to Fel 27, 193
(Month) (Day) (Year)	that I last saw h Walive on Ful 17 , 1930
AGE [If LESS then	
67 yrs. 2 mos. o ds. or min.	D - 1/ 11 D 1 . 0
OCCUPATION	Che Union - Che Intersti
(a) Trade, profession or Januar (retired)	9.11.77
(b) General nature of industry business, or establishment in	7 7 2
which employed or (employer)	(Duration) yrs,
BIRTHPLACE (State or country)	Contributory
Muyland.	(Duration)mos,ds
FATHER Eli Molesworth:	(Signed) M. D.
11 BIRTHPLACE OF FATHER	(Address)
(State or country) Maryland.	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal tor Homicidal.
of MOTHER Lizabeth Leallins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. State yrs mos ds
(State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
11. 2 - 19 2 - 1	Fermer or usual residence
(Information / Margaret 6 Molesworth	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Addless J. M. J. Ciny mal.	Howard Chapel Could march . 7. 1.30
Filed 192 Registra	20 UNDERTAKER ADDRESS ADDRESS ADDRESS AND MALE

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); yinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondar/ or intercurrent) affection need not be st_ted unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all "(E:haustion," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURRAU

No. 1 00

1PLACE OF DEATH	06793 STATE OF MARYLAND CERTIFICATE OF DEATH
County Howard Co.	Registration Dist. No. 193
Village or City Courto. 2FULL NAME Wilford & M	St:: Ward) (If death occurred in a hospital or institu- tion, give its NAME is - stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, Married, Widowed. OR DIVORCED (Write the word) Married	16 DATE OF DEATH (Month) (Dsy) (Year)
6 DATE OF BIRTH December 23, 1877 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 1921 to 5 1920, 1930, that I ias law h 12 alive on 5 1920
7 AGE 52 yrs. 5 mos. 15 ds. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work Jarmer	Lifti For Throat
(b) General nature of industry business, or establishment in	(Durstion) yrs mos & ds.
which employed or (employer) 9 BIRTHPLACE (State or country) Marulan	Contributory Secondary (Duration) wis mos 3 ds.
10 NAME OF John mount	(Signed) Slarly Frahll M. D. 6 7 30 192 (Address) Was My
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Susies Warten	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or
(Informant) was wiford mount	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) mtakry Md	Namacio ma June 7, 1930
15 File me St. 1923 M M Mustan Registral	H. M. Snyder Mr. airy ms
If more b.anks are needed, addre.s Ltate Registre	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise continue, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Whooping American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart Example: Measles (disease etc. The contributory not be disease;

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PLACE OF DEATH County Francisco	STATE OF MARYLAND CERTIFICATE OF DEATH
0 0 00	Registration Dist. No. 19
Village or City Near Cookrysol. 2FULL NAME George C.	St.: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male whit Single, Married Widowed. Will white (Write the word)	16 DATE OF DEATH Nov. 15, 1980 (Month) (Day) (Year)
Model 7, 186	17 1 HEREBY CERTIFY, That I attended the deceased from 1920 to 1920, that I last saw home, alive on American 1980,
7 AGE 6 3yrs. 6 mos. 8 ds. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Durstion) 1 yrs mos 12 ds.
10 NAME OF GO. RU. Myers (1) 11 BIRTHPLACE	(Signed) (Address) Class M. D.
OF FATHER (State or country) 12 MolDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER OF MOTHER OF MOTHER (State of Country) OF MAIDEN NAME OF MOTHER (State of Country)	ie LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Mis C. V. H. Mylls (Address) Coohwille, Mil.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mt. Alrect Confederate Mor 1,719 3
15 Filed 11/16 19230 Ger Donlinese	M. R. aletrion for Federick M
If more blanks are needed, addre.s Ltate Registra	r, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective ci state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as (b) Automobile factory. The material Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all (secondar; or intercurrent) affection need not be streed unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJU.Y (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; nephrilis, etc. The contributory

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V. S. No. 1

County.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	19	
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Ellicott

170

(If death occurred in a hospital or Institu-Ward) tion, give its NAME In-atend of atreat and number.)

2FULL NAME Elenore Neumann

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH
s s	ex emale	White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the wor	D Single	December 30th, 192 1930 (Month) (Day) (Year)
6 D	ATE OF BIF	етн			17 I HEREBY CERTIFY, That I attended the deceased from
		March	6th	, 11901	192 to
7 A		(Month)		(Year) [If LESS than l dayhrs. ormin.?	and that death occurred on the date stated above, at
8 0	CCUPATION	1			Suicide
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)				rapher	Revolver shot in heart
9 BIRTHPLACE (State or country) Maryland			ınd		Contributory Secondary (Duration) yrs mos de,
10 NAME OF Otto Neumann			(Signed) Frankle Begust Throw acting Coroner M.D.		
NTS	OF FATI		ia		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ARE	12 MAIDE	TAGIT	jast nam	e unknow	
	13 BIRTHF OF MOT (State o		ny		At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Marie Bazzell Friend					if not at place of death? Former or usual residence
		Ellicott (city, R.	F. D.	St Johns Cene. Days of Burial Jaw 1, 1930
Filed Dec 3 / 1920 WH Lisell Registrar					Jos. Blook. Balto ned.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Wilnout muse record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. For many occupations a especially in industrial employments, it is neces-Mrs). without more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease, Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-

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V. S. No. 1

PLACE County	OF DEATH FOWERD	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 191
Village or City	Fllicott (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSON	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s sex Male	4 COLOR OR RACE SINGLE, MARRIED, White Whowen OR DIVORCEO COWEY	16 DATE OF DEATH March 12th 1900
6 DATE OF BIR	(Write the word)	
7 AGE	8 yrs. 11 mos. 12 ds. or min	and that death occurred on the date stated above, at
(b) General n		(Duration) yrs. mos ds. Contributory Secondary
10 NAME O	Isaac Neumann	(Signed) Frank to Hogustollivy acting Coroner M. D.
OF FATH Z (State of		*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
V 12 MAIDEN	er Catherine Singer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTH (State or		At place of death
(Informant	Eleanor Neumann (Daughter) Elicott City, Md.	if not at place of dea.h?
Filed Ma	~ 14 1930 LOTA Frissel Registrar	Caston Jans Ellieot len

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never rcturn "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physicum, or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on or At Home, and children, not gainfully em-Compositor, For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, by Committee on Nomenclature of the cough; or intercurrent) affection need Chronic valvular heart disease; etc. The contributory Measles; not be

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Statement of Cause of Death—Name, first, the DISDASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menimunqualified, is indefinite); Tuberculosts of lungs, menimunqualified, is indefinite);

mus, ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of SUICIDAL, or nonicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetanus) may be stated birth or miscarriage as "Puerperal septichaemia," Puerperal peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hearnorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Auropuy,
"Anaemia" ("Compulsions," "Debility" chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important nephritis, cte. cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates symptonis or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 39 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping "," "Old Age," "Shoek," "Uraemia," "Weakness, when a definite disease can be ascertained as the by railway train-accident; Revolver The nature of the injury, as fracture of skull The contributory (secondary or intercur-State cause for which Never report mere wound 99 ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MANENT BINDING FOR WITH UNFADING INK--THIS MARGIN RESERVED AINLY, WRITE

V. S. No. 1

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1	PLA	CE	OF	DEA	TH

County	Ho	wa	rd
County			

Vi

STATE OF MARYLAND CERTIFICATE OF DEATH

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1007	ш	43	100	

Registration Dist. No. 19/

77 3 and 4 (3 to 7 77 7	(10)	
llage or City Ellicott City (No. F. D.	St:Ward)	(If death occurred in a hospital or Institu- tion, give its NAME is -
2FULL NAME Teal O'Boyle		stend of street and number-)

² FULL NAM	E	T O Bowle		number.)
PERSONAL ANI	STATIST	ICAL PARTICU	ILARS	MEDICAL CERTIFICATE OF DEATH
		5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Single	16 DATE OF DEATH Ctober 23rd, 19250 (Month) (Day) (Year)
6 DATE OF BIRTH	. ау	un.mo.m	, 1861	17 I HEREBY CERTIFY, That I attended the deceased fro
7 AGE			(Year) [If LESS than l day hrs. or min.?	and that death occurred on the date stated above, at 2-01 The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession of particular kind of wor	or k	Retired		Dialation of the heart
business, or establishm which employed or (em		Enginee	r	Contributory Chronic Lyccarditis
(State or country)	Irela	nd		Secondary (Duration)yrs
10 NAME OF FATHER	Real	O'Boyle.		(Signed) Frank lo Haigentothon acting Dorones M.
OF FATHER Z (State or country)	Irela	nd		*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME 4 OF MOTHER	Cathe	rine McCr	oary	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER (State or Country)	Irela	nd		ients or Recent Residents) At place of deathyrsmosds, Where was disease contracted,
	1		Sister	if not at place of dea.h?
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE Windows D. Windows D. OR DIVORCED OR DIVORCED (Write the word) (Month) (Day) (Yes 7 AGE (Month) (Month) (Day) (Yes 1 If LESS to I day Or mos. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) PERSONAL AND STATISTICAL PARTICULARS (B) SINGLE, MARRIED, WINDOWS D. (Write the word) (I pay) (Yes 1 If LESS to I day Or mos. Description The pay OF More Country I pay I		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Och 25, 193		
Filed Get 25	1920 60	11 Frisse	Registrar	Easton Sous Collical Cy

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrunt, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a to report specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

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MANENT BINDING FOR AINLY, WITH UNFADING INK--THIS IS A MARGIN RESERVED WRITE

V. S. No. 1

PLACE OF DEATH	01768 STATE OF MARYLAND
County Haward	CERTIFICATE OF DEATH
700 000	Registration Dist. No. 192
e de la constant de l	St.: Ward) (If death occurred a hospital or instition, give its NAME stead of street s
2FULL NAME Cucha Olson	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Per le Welt Single, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Feb. 19. 192.30 (Month) (Day) (Year)
6 DATE OF BIRTH Ofice 27, 1853 (Mouth) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased fr
7 AGE 16 yrs. 9 mos. 23 ds. or min.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or Houselule barticular kind of work	Lobar Premonia
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. (
9 BIRTHPLACE (State or country)	Secondary Duration yrs
10 NAME OF FATHER CLUL	(Signed) Wearshall Blood H
OF FATHER (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Club.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tr.
13 BIRTHPLACE OF MOTHER (State or Country) Sleeden	At place of deathyrsmosds. In the Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Pele Olson. (Address) Ellecatt Col	19 PLACE OF BURIAL OR REMOVAL Tel. 20, 19.
Filed 7eb 20 19230 Swallbest	20 UNDERTABLER Sous Ellead
If more bianks are needed, addre.a Ltate Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

01768

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—com mun, conadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many As examples: (a)

Stretement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menlagitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," American Medical Association.) approved by Committee on carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Mcasles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (sccondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid (secondary or unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY intercurrent) affection need not be Chronic etc. The contributory valvular heart Nomenclature of the Measles; discase;

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BINDING RESERVED MARGIN

WRIT

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County classified Registration Dist. No. Village or City (If death occurred in Ward) a hospital or institucertificate tion, give its NAME i. stead of street and number.) properly PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, 90 WIDOWED. SK SK OR DIVORCED that it may Write the word) (Month) (Day) 6 DATE OF BIRTH HEREBY CERTIFY, That I attended the deceased from netructions (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 0 00 I day hrs. The CAUSE OF DEATH terms min.? OCCUPATION 99 (a) Trade, profession or E S particular kind of work refuily plai (b) General nature of industry business, or establishment in (Duration) 2 which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) be EA Buration) DO 10 NAME OF (Signed) Shoul E OF FATHER 00 11 BIRTHPLACE S OF FATHER FNA S the Disease Causing Death, or, in deaths from CAUS Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 4 OF MOTHER inform state ccup, 1 ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death Every Item of in CIANS should statement of OC (State or country Where was disease contracted, 14 THE ABOVE IS TRUE if not at place of death? THE BEST OF MY KNOWLEDGE usus! residence (Informant) DATE OF BURIAL 19-RLACE OF BURIAL OR REMOVAL If more bianks are needed, address State Registral, 16 W. Saratoga St., Balto., Requesting V. S. No. 7.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. E. Camin and American Public Health Americanan

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worked or the community of the com cases, ejecini, in the man and man and man sary to know the man and the man addition; it is a property of the property of the should the man and the man and the man and the same and the s cupation story in orbit manufaction in Thermoor given : age. Hor many was the first line will be seen that the first line will be seen to be see tion april to the moit Statement o Sewannia ployed as A sheet and another many community to the definite """ househola on Civil ong włatever w. ired 6 busine .. to report Physician . ' Hospitaly ally studies a RECEIVED NOV 8 1930

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10 as Nave report mere "pound or terminal condition, such a "Athenia," 24......." "Increly symptomic, "Afron." "Collect." "Convulsions," "Debility "Connuctal, "State etc. "Dropsy," "E-mission." "Incret failth "Increnorrhage," "Shock," "Uranille "Collect." "Shock," "Uranille "Collect." "Shock," "Afron. "Afron. quilfy all cut be all the minutes." Transfer of the company of the compa urqualified, in interior talen. Son stantan beranda da makas ofinitaly and quality in the more than the more definitaly. eauring dusta 2014; 17 contary) and the from addition of the carriage as January 18 disease Ti los - of lungs, menl a disease, Amfen en in the and not be was under

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	H X	County Howara

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

EDMONDSON AYE

Village or City Elkridge (No	St.: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Oct 5 , 1930 (Month) (Day) (Year)
Mov 30, 1866 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 12 1930 to 0 5 , 1930 that I last faw here alive on 0 5 , 1930,
7 AGE 6 3 yrs. 10 mos. 5 ds. lf LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 1:03 m. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Cambridge Md.	Contributory Mys Cardiol drafffe. Secondary (Durstion) yrs mos ds.
10 NAME OF FATHER John R. Pathison 11 BIRTHPLACE OF FATHER (State or country) Cambridge, Md. 12 MAIDEN NAME OF MOTHER Enrity Jan De Valin	*State the Disease Causing Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs
(Address) Elpride Milliam (Address) Elpride Milliam File Got 6 198 2 Bird Villiam Register	2D UN DERTAKER 2D UN DERTAKER 2D UN DERTAKER 2700 EDMONDSON AVE

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Loborer-Cool mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile foctory. The material worked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (6) Grocery;

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> American Medical Association.) tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

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V. S. No. 1

PLACE OF DEATH County Coward	6539	STATE OF MARYLAND CERTIFICATE OF DEATH
1.0	74-20	Registration Dist. No. 193
Village or City 1. Tong borner (No. 2FULL NAME John H. Pon	in	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street amnumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MINUEL WIDOWEO OR DIVORCED (Write the word) 6 DATE OF BIRTH AM. 26 (Month) (Day) Year	16 DATE OF DEATH 17 DE I HEREBY that I last saw has	(Month) (Day) (Year) CERTIFY, That attended the deceased from 1927 to Jan. 13
A OCCUPATION (a) Trade, profession or Plied A		red on the date stated above, at 930
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF	Contributory A	Merio - Selerosco More Man Duration 2 yra. mos. d
STATHER TOWNS TOWNS II BIRTHPLACE OF FATHER (State or omnity) II 2 MAIDEN NAME W. 12 MAIDEN NAME M. 12 MAIDEN NAME M. 14 P. 15 P. 16 P. 17 P. 17 P. 18 P.	Violent Causes, st. Accid ntal, Suicidal	(Address) Danisacus M. La age Causing Deatl, or, in deaths from age (1) Means of Injury and (2) Whether or Homicial
of Mother Margrey Walshell Jungless 18 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Research place of de the green of the gre	In the State, yr . no. de
(Informant) Wellington Course (Address Louis Course) RD. M. Ciry)	Former or usual residence 19 PLACE OF BURIAN M.A. Howard C	
Filed Jan 16 30 My Mashar Registrar If more branks are needed, address State Registrar	6. M. W	alta Hinfield md.

(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specincation as Duy laborer, Form laborer, Luborer—Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). (b) Cotton mill; (o) Salesman. Compositor, Architect, For persons who have no occupation Stotionary fireman, etc. person, irrespective of Locomotive engineer, But in many (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Tranition," "Heart lanure, "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; appraved by Committee on tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent affection need Chronic etc. The valvular heart discose; Nomenclature of the contributory not be etc., of

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V. S. No. 1

Registration Dist. No. 9 Ward) (If death focurred in a hospital or institution, give its NAME in sumber) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH Month) (Day) (Year) Month) (Day) (Year) 17 I HEREBY CERTIFY, That I glended the decensed from the date stated above, at 3 14 1 mm and that death occurred on the date stated above, at 3 14 1 mm and that death occurred on the date stated above, at 3 14 1 mm and that death occurred on the date stated above, at 3 14 1 mm and that death occurred to the date at a 1 mm and that death occurred to the date at a 1 mm and that death occurred to the date at a 1 mm and tha	xact	PLACE OF DEATH	08112 STATE OF MARYLAND
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE SHAPE WINDOWSE Married ON DIVORCED WINDOWSE MODIVED ON WINDOWS MODITARY MODI	ed.	County OWTEN	CERTIFICATE OF DEATH Registration Dist. No. 193
SEE 1 OF BIRTH ACE Minoth) Married Month) Married Month) Married Month) Married Month) Month) Month) Married Month) Married Month) Married Month) M	. 0 4	martin of O	tion, give its NAME in-
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant	Sper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) B ORD OF STATHER (State or Country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) A Address) (Informant) (Infor	it may be on back	Jeman White Married, Marned, or DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
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particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed 16 PATHER (State or Country) 16 PATHER (State or Country) 17 MAIDEN NAME OF MOTHER (State or Country) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MALLS 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MALLS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ms so the	1/1 29 1 dayhrs.	
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10 NAME OF FATHER 11 IN NAME OF FATHER 12 (Address) 13 IN INTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed May 1928 16 Filed May 1928 17 IN M. D. 192 (Address) 193 (Signed) 192 (Address) 194 (Address) 195 (Signed) 192 (Address) 194 (Address) 195 (Address) 196 (Address) 196 (Address) 197 (Address) 198 (Signed) 198 (Signed) 199 (Address) 190 (Addre	-	9 BIRTHPLACE	Secondary
State or country) OF FATHER (State or country) OF MOTHER OF MOTHER OF MOTHER (State or Country) OF MOTHER OF MOTHER (State or Country) OF MOTHER (State or Country) OF MOTHER OF MOTHER (State or Country)	Very	FATHER SYM, A. Stobbel,	(Signed) MASTING M. D.
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(Informant) Tas. A. Deckett, (Infor	State	OF MOTHER Ida of Bazzelar 13 BIRTHPLACE OF MOTHER 2	At place of deathyrsds. In the Stateyrsds. Where we discuss contracted.
(Address), Mandhiw May 15 Filed My 9 1930 M Mandhim Registrar 19 PLACE OF BURIAL OR REMOVAL MY Uncur Country Villy 10; 1950 20 UNDERTAKER 6. M. Watts Mustical May 10 M	oui	000 X1 (P-a/K-41-	if not at place of death? Former or usual residence
Q · · · · · · · · · · · · · · · · · · ·	CIANS	Marshin med	My View Cuntry July 10; 1950.
			r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pheumonia, Bronchopneumonia ("Pneumonia,"

"Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol carbolic acid-probably suicide. The nature of the injury. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaennia," "PUERPERAL perilonitis," etc. diseases tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; and consequences (e.g., sepsis, etc. The Nomenclature of the contributory

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WRITE

N. B.

	PLACE OF DEATH	STATE OF MARYLAND
	County Lisbon, (No	CERTIFICATE OF DEATH
		102
	ρ	Registration Dist. No.
1	Village or City Juston, (No	St.: Ward) (If deeth occurred In a hospital or institu-
	De 1st on D	tion, give its NAME II -
	2FULL NAME Millow N. Oo	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3		16 DATE OF DEATH
	h a Nipowed.	July = 15 =, 19230.
	(Write the word)	(Month) (Day) (Year)
6	DATE OF BIRTH	I HEREBY CERTIFY, That Pattended the deceased from
	1200. = 22 = 1872	J. f. to J. K. 1922 J. to J. K. L. J. J. L. 1922 L.
	(Month) (Day) (Year)	that I lest sew h Maliva on My 5 , 1925
7	AGE [If LESS than	and that deeth occurred on the data stated above, at 1,300 m.
	1 day hrs.	The CAUSE OF DEATH * was as follows:
		f g
3	a) Trade, profession or	Island Upwally is
1	particular kind of work	
7		
A	which employed or (employer)	(Duration)mos
9	BIRTHPLACE , 70	Contributory Additional Secondary
	(State or country) Maryland.	(Durstion) 3 mos de.
		(Signed) A M M Mastro M. D.
	FATHER Trancis O. Soote,	0 1 1 196 4
, a		1923 L'(Address) (1) LA 1923 L'(Address)
Z	(State or country) Mary land,	*State the Disease Causing Death, or, in deaths from Wiolent Causes, state_(1) Means of Injury and (2) Whether
0.	12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
D A		16 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At plece In the
	(State or Country) Maryland.	of deethyrsmosds. Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was discere contrected, if not at place of dee-h?
	man de le Co. C. L.	Former or usual residence
	(Informant) as osavuel . some,	19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL
	(Address) Liston Ind.	41 Agward Ca. Md. 10 10 12
-		20 UNDERTAKER ADDRESS
15	Filed MU/19 1920 MI LUTINON	6 m mas on oxi' 112 1
-	Registrar	10.11, & Mettz, or suffield ma
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

12111

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as rug laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Sbock, stated unless important. Example: Measles (disease American Medical Association.) approved telanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on cough; Chronic " "Coma," "Convulsions, etc. The contributory valvular heart disease; Nomenclature of the not be

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RESERVE MARGIN

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	1	>	X	/

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME is -stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH STINGLE, 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. back OR DIVORGED Write the word) (Month) (Dav) 6 DATE OF BIRTH I HEREBY CERTIFY. That I attended the deceased from structions (Month) O 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: pellddns BOCCUPATION te (a) Trade, profession or ⊆ Ø particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (Stats or country) EA D 10 NAME OF 11 BIRTHPLACE OF FATHER AUS ENT *State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether TIO (Stats or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 2 O PA OF MOTHER 1B LENGTH OF RESIDENCE (For Hospitais, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State. of death ... (State or Country) should ent of O Where was disesse contracted, 14 THE ABOVE IS TRUE if not at place of dea.h? usual residence. (Address If more blanks are needed, address ttate Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. Y.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Gause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease affection need etc. The contributory valvular heart disease; Nomenclature of the not be

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V. S. No. 1

PLACE OF DEATH County Husard	STATE OF MARYLAND CERTIFICATE OF DEATH
Prin (Wordline P.D.	Registration Dist. No. 193
Village of City(No	St.: Ward) (If death occurred in a hospital or institu- tion, give lts NAME la- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWERS WIDOWERS (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than I day hrs. mos. 2 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Profable Bymens
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
10 NAME OF FATHER HEADER HOUSE HOUSE IN BIRTHPLACE	Secondary (Duration) (Signed) (M. D. 1981 (Address)
OF FATHER (State or country) 12 MAIDEN NAME)	*State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER SIMPLE . WANTY 13 BIRTHPLACE OF MOTHER (State or Country)	ID LINGTH OF RESIDENCE (For Hospitals, Institutions, Ir.nuitents or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Wan Powell	if not at place of dea h?
(Address) Listen Ind	Havin ameling Date of Burial Address ADDRESS
Registral If more b.anks are needed, address tate Negistral	Man - foull Navy his, 13 W. Saratoga St., Ealto., Requesting V. S. No. I.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more processed mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been clanged gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

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"telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-

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BINDING

FOR

MARGIN RESERVED

PLACE OF DEATH County Howard Village or City Elleri dal (No.	OSI11 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 190
vinage or City Co.	St.: Ward) a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Wildows OR DIVORCED (Write the word) 6 DATE OF BIRTH MACh 8, 1858	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY That I attended the deceased from 23 1930. to 24 1930
(Month) (Day) (Year) 7 AGE If LESS than day hrs. day hrs. or min. 8 OCCUPATION (a) Trade, profession or particular kind of work Domestic	and that death occurred on the date stated above, at 3.23 m. The CAUSE OF DEATH * was as follows: Mithal Susufficiency Cardiac Ostitude
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Chron May Cardillo Secondary (Duration) Type May Cardillo
FATHER Havry yealdfall. 11 BIRTHPLACE OF FATHER (State or country) W ON THE STANKE OF FATHER (State or country)	Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidsl. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of death yrs mos. b ds. In the State was disease contracted, 504, Hawlers St. Bally, if not at place of death?
(Informant) Mrs. Clyde Dennis (Address) Elkvidge Nod.	Former or usual residence 564 Harvburg St Ballo Jury 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Blubley aaco Mely 16 19 M.
Filed 19 4125 of Bird M. Olican. Registrar If more branks are needed, address State Registrar	20 VADERER ADDRESS HOYTH OF HOYTH OF

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many en at home, who are engaged in the duties of the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer Coal mine, etc. without more precise specification as Day Compositor, Architect, Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n ture of the injury, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronie interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by taken. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, perilonacum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need not be Chronie valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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V. S. No. 1

1PLACE OF DEATH County Howard	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist: No. 195
2FULL NAME Hilliam & Telle	St: Ward) (If death occurred In a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 0 , 1930 (Year)
6 DATE OF BIRTH Month) (Day) (Year)	thet I lest saw ham alive on 4 20 , 1870,
7 AGE 26 yrs. 5 mos. 3 ds. or min.?	and that death occurred on the date stated above, at 11.40 m. The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as follows:
n) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Duration) yrs mos 4 ds. Contributory acute Carling Stately
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Duration) yrs mos de. (Signed) M. D. *State the Piscase Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
(Informant) C. C. LEAUGUS (Address) Autle M.	if not at place of dea.h?
Filed An 22 ^m 192 Lindlicem Registrar	20 UNDERTAKER JABORESS Hausef Mile
ir more Danks are needed, address trate Kegistrar	, I6 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Loy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material sary to know Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gazed in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on (o) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-hcmicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," Chronicetc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must he obtained before the certificate is permanently filed.

CORD ANERT BINDING INLY, WITH UNFADING INK-THIS IS A PE FOR MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH County DWard Village or City Caurel (No. Wash 2FULL NAME DEMINE RECEIVED PERSONAL AND STATISTICAL PARTICULARS	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 95 (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH / 0 - 28 , 19230 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 10 - 21 192 to 18 - 28 , 192 , that I last saw h M alive on 10 - 28 , 192 ,
7 AGE 72 yrs. 3 mos. 26 ds. or min.	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Sout - acudence Struck by automobil Buration) yrs. mos. V. de. Contributory
9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Secondary (Duration) yrs
II BIRTHPLACE OF FATHER (State or country)	State the Piscase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At place of deathyrsmosds.
(Informant) My C. T. Schulden	Where was disease contracted, if not at place of dea.h? Former or usual residence. 19 PLACE DF BURIAL OR REMOVALL DATE OF BURIAL
(Address) 1 8 Warth flux Filed 1 19 30492 Thankflipher Registres	28 UN DERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthtired 6 yrs. state occupation at beginning of illness. If retired from laborer, er," etc., without more precise specification as Day Spinner, should be used only-when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The ques-Statement of Oceupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Scrumt, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, whio are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomolive engineer, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Sulesman. (b) Grocery: mun, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASI CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ceraprospinal fever (the only definite synonym is "Epidemic cereptospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e. g., scpsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of (secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic Example: Measles (disease affection etc. The contributory valvular hcart Nomenclature need not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUBEAU

V.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 19 Ward) (If deeth occurred in a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. COLOR OR RACE WIDOWED. OR DIVORCED I HEREBY CERTIFY, That I attended the decessed from 17 6 DATE OF BIRTH (Day) (Year) ond that death occured on the date stated above, at 7 AGE [If LESS than I day hrs. The CAUSE OF DEATH * was as follows: B OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry d to business, or establishment in (Duration) which employed or (employer), Contributory 9 BIRTHPLACE Secondary (State or country) 11 BIRTHPLACE OF FATHER OZ RENT *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether (State or country) Accidental, Suicidal or Homicidal, 12 MAIDEN NAME PA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) should state 13 BIRTHPLACE In the At place OF MOTHER of death vis...... da. State ... yrs mos ... (State or country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Every Item CIANS sho statement usual residence ... 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more present a the duties of the Spiener, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreneau, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation Precise statement of octired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Furmer treor given up on account of the DISEASE CAUSING DEATH. Housemund, etc. If the occupation has been changed to report specifically the occupations of persons enplayed, as Al school, or At home. Care should be taken For many occupations a single word or term on Locomolive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cardrospinal fever the only definite synonym is "Epidemic cardrospinal sinal meningitis"; Diphtheria (avoid use of "('roup'); Typhoid fever inever report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,";

"Exhaustion," "Heart manure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perdonacion, etc., Carcinoma, Sarcona, etc., or (name origin; "Cancer" is less definite; avoid "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, mentolanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia, ""Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association. "Atrophy," "Collapse," "Coma," "Convulsions, cough; for malignant neoplasms); Chronic Carcinoma, etc. valendar heart disease; Nomenclature The contributory Sarcona,, etc., of Meusles ;

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V. S. No. 1

	PLACE OF DEATH County Yours	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 192
ricate.	Village or City Of Tha (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
140	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Dack of	3 SEX 4 COLOR OR RACE 5 SINGLE. MARBIED. WIDOWED. (Write the word)	16 DATE OF DEATH OW, 25, 19232 (Menth) (Day) (Year)
no suo	6 DATE OF BIRTH May 12, 188 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1929 to 75 1930 that I last saw h Annalive on 75 14 1930
nstruct	7 AGE Age State S	and that death occurred on the date stated above, at
tant, see	a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Budreaudth, Ohonie. Civil R (Duration) yrs. mos ds.
y impor	9 BIRTHPLACE (State or country) Hary land	Contributory Secondary (Duration) To Manage
200	State or country any land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER LEWISE & Hipsley 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 14 MATTER NAME 15 DELLA 16 MATTER NAME 17 MATTER NAME 18 MATT	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
14	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Republication	Where was disesse contracted, if not at place of death? Former or usual residence
olaio!	(Address) Durings Mill W.). 15 Filed Jan. 27 19228 John 2000	20 UNDERTAKER CADDRESS AND A STATE OF BURIAL DATE O
	Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precion of the laborer, Farm laborer, Laborer—Coal minc, etc. Womlaborer, Farm laborer, Laborer—the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart I use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature cough; Chronic " "Old Age, " "Shock," valvular heart disease; affection need etc. The contributory not be etc., of

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HEALTH DEPARTMENT—CITY			CITY OF BA	ALTIMORE	0566	66		
	ACE OF DEAT		ud Co	· hu	e of death	Ward)	a hospital o	occurred in or institution, AME instead
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2001	· · · · ·		ced, (write	/	17	I HELEBY	CERTIFY That I to	ok charge of the
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H	USBAND of the		W Ken	chart	thereon and from	n the evidence of	btained by said	
	r) WIFE of		7/	4	Inder	41/6-1 1/10	said deceased came t	(Inquest, au
6 DATE	OF BIRTH (month,		128 "	1085	topsy or inquiry) (said deceased came t	o
7 AGE	Years	Months	Days	IF LESS than	on the day state	d above. EATH*/was as	follows?	-//
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busine	eneral naturo of ind ss, or establishmer	it in T	· Me	1-	//	4.3	- + \	/
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12 P	HAIDEN NAME O	F MOTHER		1	(Signed)	4	9.5 19.	, M-1)
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13 I	BIRTHPLACE OF M	6-	(own)	******************************	state (1) Means a	nd Nature of	th, or in deaths from Injury, and (2) who erse side for addition	ether Accidental
	(State or country) 1414	****					
14 1n:	formant MIS	6 mma M	My B	enay.	19 PLACE OF B	1 1		ATE OF BURIA
	ddress) 2/2 3	Brug	6 41-	1 -	Loudow			28/1932
15 181-5	ma 26.30	8. R. i.	90/-0	9-000	20 UNDERTAKET		M A	DDRESS
25 Filed		ا و ملاسع در الماسع و د و در در الماسع و د و الماسع و الم		Registrar	10/11/1	Dowar	I UPI. B	017/allen
				registrar	y au		19	- No Culo



Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary) may be entered as Housewife, Ilousework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the Disease Causing Death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.).

For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," un-

Certificates will be returned for additional information which may give any of the following diseases, without explanation as the sole cause of death:

Abortion, Hemorrhage, Meningitis, Phelbitis, Cellulitis, Gangrene, Miscarriage, Pyemia, Childbirth, Gastritis, Necrosis, Septicemia, Convulsions, Erysipelas, Peritonitis, Tetanus,

The following must be referred to a Coroner:

Deaths due to accident (if criminal negligence possibly involved): Suicides, Homicides, Abortions (if induced), whether death is directly or indirectly due to same.

V. S. No. 1

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17	-)	
1/4		200	

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AINLY, WRITH

	PLACE OF DEATH
	County Hard
Vi	llage or City Savage (No. 9
	2 FULL NAME Boly Boy Roll
	PERSONAL AND STATISTICAL PARTICULARS
3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED, OR DIVORCED SINGLE (Write the word)
6	DATE OF BIRTH
	/D / O , 1930 (Month) (Day) (Year)
7/	Bou dead- 3 mo-filies mos. ds. or min.?
) P	a) Trade, profession or continuous particular kind of work b) General nature of industry cusiness, or establishment in which employed or (employer)
9 1	BIRTHPLACE (State or country)
	10 NAME OF FATHER Carl Rodgers.
RENTS	11 BIRTHPLACE OF FATHER (State or country)
PARE	12 MAIDEN NAME Marie Easter
	13 BIRTHPLACE OF MOTHER (State or Country) Md -
14	(Informant) Carl Rodges
	(Address) Storage
15	Filed 10/7 /30/92 Manh Shipley

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist. No.
entford Rost: War	d) (If death occurred in a hospital or Institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	, 1930
(Month)	(Dsy) (Year)
17 I HEREBY CERTIFY, That I a	/
- dead	//
that I last saw handlive on	0/.6. 1950.
and that death occurred on the date state	d above, atm,
The CAUSE OF DEATH * was as follows:	1.1.
maleriel Mige	assis.
(Still-bour)	***************************************
(Duration)	yrsds.
Contributory	**************************************
(Durstion)	
(Signed) /3 Pwaru	M. D.
10/6 1926 (Address)	, , , ,
*State the Discase Causing Deatl Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	oitals, Institutions, Trans-
At place of death yrs mos. ds.	ne ateyrsmosds.
Where was disease contracted, if not at place of dea.h?	00 = 0.0 + 0.0 0.0 0 = 0 = 1 = 0.0 = 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0
Former or usual residence	**************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Javaga, Wd.	7 / 730
200UNDERTAKER	ADDRESS

If more bianks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury (secondary or intercurrent) affection need not be Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Example: Measles (disease Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
Village or City Lisbon (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is
2FULL NAME / Mary G. M	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED Vidowed WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 27, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH April 30, 1856	17 I HEREBY CERTIFY, That I attended the deceased from 192 to May 1, 1987, that I last saw her alive on 1987,
(Month) (Day) (Year) 7 AGE 7 AGE 7 AGE 1 day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Mill Regusquella
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER - Fitchet	(Signed) Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER UNKNOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mukeuowu	At place of death
(Informant) Horse Staubits (Address) Modeine Md	Where was disease contracted, if not at place of dea.h? Former or usual residence
15 Filkry 27 1930 M Market	20 UNDERTAKER THEEN HOW Systemille
If more blanks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLAGE OF DEATH	U3055 STATE OF MARYLAND
County (Taway)	CERTIFICATE OF DEATH Registration Dist. No. / 9
Village or City (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Louis Walde	a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 193.0 (Month) (Day) (Year)
6 DATE OF BIRTH Undrum, 1869	17 I HEREBY CERTIFY, That I attended the deceased from max 12 193 to max 12 , 193 d
(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above, at 250 P.m.
6 Lyrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or Salesment	Cerebral Gemershage
(b) General nature of industry business, or establishment in Sallo-6 hair 60	(Dustion) yu. mos. ds.
9 BIRTHPLACE (State or country) (Mknown)	Secondary Regli Plood Diese.
10 NAME OF , ,	(Signed) J. Jamelon Jeff M. D.
U II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, of 11 Orders from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE , COMMENT (State or country)	At place of death was mos de Sinte Sinte Sinte Market Mark
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, the Wash. Bouling if not at place of death? Former or usual residence (7 00 Causeull St. Balt,
(Address) 205 W. h umband It.	19 PRACE OF BURIAL OR REMOVAL DATE/OF BURIAL 2/14/30 Brack Date of Burial Date of Burial 2/14/30 Brack Date of Burial Date o
Filed 3.13 1923 6 Vintham Registrar	Roll J. June 1440 H. Broadway
If more blanks are needed, address State Registrate	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-For many occupations a single word or term on Compositor, Architect, Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association. approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaenia" (merely symptom-10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee Chronic chopneumonia (secondary), on Nomenclature of the etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent furth correspondence. All the data is essential and plust be obtained before the certificate is permanently filed.



PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 100-0 Registration Dist. No. classn (If death occurred in Ward) a hospital or institution, give its NAME it stead of street and number.) properly PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OF RACE 16 DATE OF DEATH MARRIED. pe WIDOWED. may Write the word) (Month)(Day) 17 6 DATE OF BIRTH HEREBY CERTIFY. That I attended the deceased from nstructions (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: terms OCCUPATION (a) Trade, profession or particular kind of work 0 (b) General nature of industry business, or establishment in (Durstion) which employed or (employer) Contributory 9 BIRTHPLACE Secondery (State or country) 4 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER CAUS RENT Discusse Causing Death, or, in (State or country Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ccu2/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death. State (State or Country) 00 Where was disease contracted, if not at place of dea.h?. shoul 14 THE ABOVE IS TO THE Every Item CIANS sho statement usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS 20 UNDERTAKER If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

, 19.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more provided mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebros pinal to time and causation), using always the same accept Statement of Cause of Death-Name, first, the DIS fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> (etanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

American Medical Association.)

American Medical Association.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE OF DEATH	03058 STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
	Registration Dist. No. 10
Village or City Elkroge (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Come Belle	Onamo Skellenbernmber
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flemole White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Mcl 22, 1930 (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw her alive on Web 22 193.0.
AGE [If LESS than	and that death occurred on the date stated above, at 750 m.
6 % yrs. 3 mos. 7 ds. or min.?	The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or particular kind of work	alide Otitis Midid
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. 0 ds.
which employed or (employer)	Contributory Bronolo Breumonio
(State or country)	Secondary (Duration) yrsmos. 1.0ds,
10 NAME OF FATHER O. C.	(Signed) BBRumbandy M. D.
11 BIRTHPLACE	e Mch 12 1930 (Address) Elpridge Ing
OF FATHER (State or country)	*State the Disease Causing Death, or, 'n deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Dorothy Freene	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos, ds, State yrs mos, ds,
(State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
M 20 - D	Former or usual residence

(Address) Date of Burial OR REMOVAL DATE OF BURIAL (Address) Date of Burial St. Clark Loudon Carlo General March 2418 3

Filed March 21930 B. Bernd M. College St. Lerry Stiffle Inc. Baltimer.

If more blanks are needed, address Sante Registrar, 16 W. Sarator St., Balt Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman. should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former oreor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-,, etc., report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material For many occupations a single word or term on Farm laborer, Loborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the histages Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(glanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) approved by as fracture of skull, and consequences (e.g., scpsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N.B.

>

	1 PLACE OF DEATH	09353 STATE OF MARYLAND
	Howard	CERTIFICATE OF DEATH
Coun	nty	(A) Posiotestian Diet No.
		Registration Dist. No.
Villa	ge or City (No,	St.; Ward) [If death occurred in a hespital or institution,
	hat I st	give lis NAME instead of street and number,
	² FULL NAME	en street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
331	WIOOWED WIOOWED	16 DATE OF DEATH (Mosth) (Day) (Year)
4	White OR OIVORCEO (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DA	ATE OF BIRTH ANY. 1st 1930	ay, 12, 19130, to ang. 12, 19130,
	(Month) (Day) (Year)	that I last saw h Malive on 191 ,
7 AG	If LESS than 1 day, O hrs.	and that death occurred on the date stated above, a . m.
	O yrs. O mos. O ds. ORO mio.?	The CAUSE OF DEATH * was as follows:
8 0	, i =	Still it
O (8	CCUPATION I) Trade, profession, er Irlicular kind of work	70 00000044
10 (b	General nature of industry	
	islness, or establishment in hick employer)	(Buration) yrs, mos, ds,
	IRTHPLACE (State or country)	Contributory Secondary
-	(Clare of country)	Aurat (B) A yrs mos ds.
	10 NAME OF FATHER	(Sig(sa))] Thank Flipley, M. O.
u	11 - Theman	8/1/30 191 (Address) Davage, Mil.
RENTS	11 BIRTHPLACE OF FATHER (State or country)	State the DISPASE CAUSING DRATH, or, in deaths from VIOLENT
E III	12 MAIDEN NAME ID	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PA	OF MOTHER Pauline MAS	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. ds, State, yrs. mes. ds.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contrasted, if not at place of death?
	(Informant) Edgar L. Sherman	Former or
	A	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address)	Javan la X/1/31
15	8/1/30 20 180.1.1.	20 UNDERTAKER ADDRESS
FI	Red 0/1/30, 191 Mark Ample	Edga Alexander C. Caver 11.1
	REGISTRAÑ	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
1	II more blanks are needed, address State Registrar,	. A

[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiis provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupatious a single word or term on the ness of various pursuits can be known. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, Civil But in many cases, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping Struck "PUERPERAL peritonitis," ctc. birth or miscarriage cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial by railway train-accident; Revolver The contributory (secondary or intercuras "Puerperal septichuemia," State cause for which Never report mere "Exhaustion," wound

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V. S. No. 1

PLACE OF DEATH	08113 STATE OF MARYLAND CERTIFICATE OF DEATH
1 2 - (mar Dairy	Registration Dist. No. 193
Village or City London (No	St: Ward) A hospital or institu- tion, give its NAME is- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jense 4 COLOR OR RACE MARRIED, Married What Openior (Write the word)	16 DATE OF DEATH July 2, 1930 (Month (Day) (Year)
6 DATE OF BIRTH OL (Month) (Day), 1869 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from July 19 1920 to July 21 , 1920 that I last so her alive on July 21 , 1920.
7 AGE 1 LESS than I day hrs. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Char Probation
which employed or (employer) 9 BIRTHPLACE (State or country) 7 7 7 7 7 7 7 7 7 7 7 7 7	Contributor (Contributor) (Duration) yrs. mos. ds.
10 NAME OF Josiah Howard	(Signed) Starty Satill M. D. Tule 1980 (Address) Main
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Fannie Concon 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) At place In the
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs ds. Where wes disease contracted, if not at place of death?
(Informant) Rochel Martin	Former or usual residence
(Address) Worldie Ny	Int liver County July 23 19 30
15 Filed My 1923 / My Musting Registrar	Huget hoven Batter
If more blanks are needed, addre.s State Registra	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specincation as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) atic), "Atrophy," "Conapse,
> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Old Age," "Shock," approved by Committee on Nomenclature of the use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DNIGNE	MANENT	Hould be stated EXAC. It may be properly das:
MARGIN RESERVED FOR BINDING	WRITE LINLY, WITH UNFADING INK-THIS IS A PY-MANENT CORE	-Every Item of Information should be carefully supplied. ACE should be stated EXAC. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
	1	-Every CIAN state

N. B.--

1PLACE OF DEATH County	13890	STATE OF CERTIFICATE	
	(197)	Registration	Dist. No. 192
Village or City 12008 (No	у	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED TO 10 OR DIVORCED TO 1	16 DATE OF DEATH	1,07.	22nd , 1930
nite ORDIVORCED rried (Write the word) rried	***************************************	(Month)	(Day)(Year)
6 DATE OF BIRTH			tended the deceased from
July 1244, 11888 (Month) (Day) (Year)			, 192
7 AGE If LESS than day hrs. ds. or min.?	The CAUSE OF DEA' VITH to low rowolver	enot rough mious intent in the bands	
9 BIRTHPLACE (State or country) anyland	Contributory Secondary	(Duration)	yrs mos ds
10 NAME OF FATHER John B. Strober		Miguet othery.	acting Bround
OF FATHER Z (State or country) Maryland			or, in deaths from jury and (2) Whether
of Mother Emma villiams			tals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrs	nosds. In the	teyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MIT ANOWEEDGE	Former or		000000000000000000000000000000000000000
(Informant) 4 1 rent at lion	19 PLACE OF BURIA		DATE OF BURIAL
(Address) Ellicott City, I. B.D.	manut		non 24, 1930
Filed De 1 19230 Ans alice W. Helt.	Franks Ch	Injustations	Elliat City

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Civil engineer, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on yrs). mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Exhaustion," "Heart I "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death (clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic " "Old Age, " "Shock," etc. The contributory valvular heart Measles; disease; etc., of

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V S No. 1

		PHYSI- Exact	
	CORD	Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate.	K
UZ	WRITE AINLY, WITH UNFADING INK-THIS IS A PERMANENT CORD	Every item of information should be carefully supplied. ACE chould be stated EXAC CIANS should etate CAUSE CF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.	
S BIND	A PEW	SE choul nat it ma ons on b	6
ED FOR	HIS IS	ms so the	7
ESERVE	T-XNI	uilly suppression to the see i	The state of the s
MARGIN RESERVED FOR BINDING	NFADING	d be caref CEATH in ry importa	0
MA	WITH U	ion shoul	
	AINLY,	Informat state C.	1
	WRITE	ry item of NNS should tement of C	1
	-	Eve Ci;	

PLACE OF DEATH	13881 STATE OF MARYLAND CERTIFICATE OF DEATH
County HOWard	Registration Dist. No. 192
/illage or City / (No	St: Ward) (If death occurred in a hospital or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Marrie	16 DATE OF DEATH NOV. 22nd/30 192 ed (Month) (Day) (Year)
Mar. 28th, (Year) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE 50 yrs. 7 moa. 25 da. lf LESS the lf day he or mir	an and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or eatablishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration) (Duration)
10 NAME OF Benj. Franklin Ship	10 Signed Frank to Hoigiel of troy acting Porver M. D.
OF FATHER Maryland	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Margaret Flower	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Virginia	At place of death
(Informant) Mrs . Frank Gallion (Siste	if not at place of dea h? Former or sual residence
(Address) Fllicott City, R. F. D.	· mount bur nor 24, 30
File Per 1983 Mrs alice Helb. Registras	Hay whothong Is Elleat City
If more banks are needed, addre.s tate negist	trar, 16 W. Saraloga St., Balto., Lequesting V. S. No. 1.

Late of heth 12/26/30 methorses of changes

REVISED UNITED STATES STANDARD ERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specimeation as ony laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomolive engineer, state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on without more precise specification as Day

s, inal meningitis"); Diphlheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disc. se. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept pneumonia, Bronchopneumonia ("Pneumonia,

> (secondary or intercurrent) affection need not be streed unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." can be ascertained as the cause. Whooping cough; carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature Chronic valvular heart disease; etc. The Always qualify all contributory

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permanently filed.

V. S. No. 1

PLACE OF DEATH	0540 STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
	90 Registration Dist. No.
Village or City Colembra: (No	St.: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Wale Colored of Write the word	(Month) (Day) (Year)
6 DATE OF BIRTH WELLOWIN 1 857	17 I HEREBY CERTIFY, That Lattended the deceased from 2 1920 to 27 1924
(Month) (Day) (Year)	that I last saw h alive on 19274
73 yrsmosds. ormin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Tleun
(b) General nature of industry business, or establishment in	2
which employed or (employer)	(Duration) yrs mos Z ds.
9 BIRTHPLACE (State or country) Marcy law.	Contributory Out Out of Secondary Out of
10 NAME OF Journey Smith	(Signed) M. D.
OF FATHER (State or country) 12 MANDEN NAME (State of Country)	*State the Disease Causing Death, or, in Areths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Worther Walled Matthews 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Mary laced.	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mrs. Lavaring Just	Former or usual residence
(Address) Ellert Pil Mel.	LICUST Chare Sau. 31, 19 30
Filed M. 31 19230 lb/ Fissel Registrar	Laston Sous Ellico Vit
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, er," etc., Without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it Civil engineer, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. valvular heart disease; Nomenclature The contributory

If this certificate is looked over thoronghly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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PLACE OF DEATH County Howard (21)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City (No. No. Lenge W	St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR BIVORCED (Write the word)	16 DATE OF DEATH Sept 9, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH Nov 16 , 1840 (Month) (Day) (Year) 7 AGE [If LESS than	17 July 1930 to Sept & 1930, that I last saw in M. alive nn Sept & , 1930, and that death occurred on the date stated above, at
89 yrs. 9 mos. 24 ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary The CAUSE OF DEATH & was no follows: Arteris - Selevories Myreardito Ohr. Interstitut Nephrete (Duration) Ouration O
10 NAME OF Romulus Snyder 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Sally Trail 13 BIRTHPLACE OF MOTHER (State or country) 14 (State or country)	(Signed) Sharley Habel M. D. 9/9/3/0 192 (Address) M. D. *State the Disease Causing Death, or, by deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents) At place of death yrs
(Informant) (Address) (Address) (Address) (Address)	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL My. July Gureley Sefet / 0, 19 30 20 UNDERTAKER MDDRESS
Filed SLES / 2192 20 GdW, J, Cary,	Well you Sykesnelle, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

can at home, who are engaged in the duties of the cupation is very important, so that the relative health definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. 'Never return' 'Jahorer,' "Foreman," "Manager." "Deal-Spiener, (b) Cotton will: (a) Salesman. (b) Grocery; (a) Foreneam, (b) Andomobile factory. The material should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook played, as At school, or At home. Care should be taken work, or At Home, Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH. Housenwid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a etc. report specifically the occupations of persons en-Foreman, first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Stationary fireman, etc. and children, not gainfully em-Locomolive engineer, As examples: (a) But in

business, that business, that whatever, write None.

Statement of Cause of Death—Name, whatever, write None.

Statement of Cause of Death—Name, EASE CAUSING DEATH (the primary affection with to time and causation, using always the same accepted term for the same disease. Examples: "crebrospadil fever (the only definite synonym is "Epidemic cerebromanic (never report "Typhold Pneumonia");

Paronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," de. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Tnanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. 'The nature of the injury, accident; Revolver wound of head-hamicide; Poisoned by taken. For violent deaths state means of injury approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, or as probably such, if impossible to determine definitely American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid Chronic Carcinona, Sarcona,, " "Coma," "Convulsions, valendar heart disease; affection need etc. Nomenclature of the The contributory Measles ; not be etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	6541 STATE OF MARYLAND
County Howards	CERTIFICATE OF DEATH
7 1	(Ina) Registration Dist. No. 193
Village or City + lorence (No.	St: Ward) (If death occurred in a hospital or Institu-
2 FULL NAME Benjaham J. S	tion, give its N'AME is - stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Marrie	16 DATE OF DEATH (Month) (Day) (Year)
C 6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h 4m alive on Jan 13, 1980,
7 AGE IIILESS that	and that death occurred on the date stated above, at 100 m.
76 yrs. 8 mos. 30 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	artira - Selerais
o Ta) Irade, profession or Salvar	Hubstensin
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
Maryland	(Duration) yrs mos de.
10 NAME OF FATHER	(Signed) M. D.
0 11 BIRTHPLACE	1/13 / 1030 (Address) Way
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, I deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Quell Day	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Maryland	of deathyrsmosds. Stateyrsmosds. Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) 6 loa Sullivari	Fermar or usual residence
E (Informant)	19 PLACE OF BURIAL OR REMOVAL
(Address) Woodbine ma	Jennings Chapel Jan 18, 1930
Filed JM 15 1930 M Masters	20 UNDERTAKER ADDRESS Mt. aim Md
If more hanks are needed, addre a State Negistra	ar, 16 W. Saratoga St., Valto., Lequesting V. S. Ivo. 1.
Il more plants are mesonal, addie. a care notice.	

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective cf er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return". Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, whatever, write None. Foreman, (b) Automobile factory. The For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (6) material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.sc. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenitat," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage by Committee on Nomenclature Chronic Example: Measles (disease etc. valvular heart disease; The contributory " "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of Information should be carefully supplied. ACE thould be stated EXACTLY CIANS should the CAUSE CF DEATH in plain terms so that it may be properly classifie statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT BINDING AINLY, WITH UNFADING INK-THIS IS A MARGIN RESERVED FOR

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PLACE OF DEATH	STATE OF MARYLAND
County Haward	10504 CERTIFICATE OF DEATH
	Registration Dist. No. 191
Village or City Cele (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME is stend of street and
2FULL NAME Jamy)
PERSONAL AND STATISTICAL PART CULARS	MEDICAL CERTIFICATE OF DEATH
Maried, Widowed Colored (Write the word)	16 DATE OF DEATH September 3, 1930. (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
about 2.8 ggs (Year)	192 to ,192 , to ,192 , that I last save () , 192 , 192 ,
AGE IfLESS than	and that death occurred on the date stated above at
I dayhrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	The and and the
a) Trade, profession or Labour	The state of the s
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)mosds.
BIRTHPLACE (State or country)	Contributory Secondary
Mary land	(Duration)ds.
10 NAME OF FATHER FOLIN Sullivan	(Signed) Frank lo Wiginstothous acting Corour M.D.
II BIRTHPLACE OF FATHER	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
(State or country) With Carolina 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Symal Hawkers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) Maulaud	At place of deathyrsmosds. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Marthai Cole	Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Elwall City	Pure Or Burial OR REMOVAL DATE OF BURIAL Sept 4, 1930
Filed Sept 4 1930 W/ Frissell Registras	20 UNDERTAKER ADDRESS Elevent City
16 more hanks are needed, addre a tate heristra	, 16 W. Safatoga St., Baito., Lequesting V. S. ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective ci business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the bisEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accent-fill
ed term for the same dise.se. Examples: Cerebrospant
fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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V. S. No. 1

WRITE MINLY, WITH UNFADING INKTHIS IS A PERMANENT CORD N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PH. In clans so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Wastfrankships. 2FULL NAME Henry C Sulles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 92 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male A COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE	that I last saw him alive on 1980.
7 AGE 1 If LESS than I day hrs. or min.?	and that death occurred en the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	Contributory Secondary (Duration) (Durat
Filed fau 9 1920 Jur Wife Programme Registrar If more branks are needed, address State Registrar	20 UNDERTAKER Sow Solvest City , 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Stationary fireman, etc. But in many Locomotive engineer, """Deal-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature cough; or intercurrent) affection need not be Chronic etc. valvular heart disease; The contributory " Shock," Measles;

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V. S. No. 1

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	of information should be carefully supplied. ACE should be stated EXACTLY, Pt	ould state CAUSE OF DEATH in plain terms so that it may be properly classified.	of OCCUPATION is very important. See instructions on back of certificate.
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Y, PHYSI-	PLACE OF DEATH County Howard	(1935) STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 190
ated EXACTLY operly classificete.	Village or City Elkridge (No. 2FULL NAME Samuel Wil	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
stated proper of certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be ck	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH OUGUST 16 (Month) (Day) (Year)
shou t it m s on	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from August 1830. that Vlast saw h alive on 1920.
plled. A	Born Dead If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows: Was not the right tene
ly supparent to See	(a) Trade, profession or particular kind of work (b) General nature of industry	September born in
refully in pla ortant.	business, or establishment in which employed or (employer)	(Duration)yrsds.
uld be caref F DEATH in very importa	9 BIRTHPLACE (State or country) 10 NAME OF	Secondary (Duration) (Registration) (Registration)
houl OF S ve	FATHER William Summerville	(Signed) L. 193 O(Address) Elkridge M.
CAUSE TION	OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
E od	of Mother Fannie Wilson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
f Inford stat	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
s sh	(Informant)	usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every item CIANS sho statement	(Address)	Elbridge dra 17. 1030
BEV	Filed ang 16 1930 Bird Williams	20 UNDERTAKER ADDRESS
2	If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. busine , that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Serrant, Cook, ployed. as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ,, etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-As examples: (a)(3) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: (*crebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the (Recommendations on statement of cause of American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicucmia," "Puerperal peritonitis," etc. "Inanition," Marasmus,
> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar; or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic Example: Measles (disease valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

PLACE OF DEATH	05668 STATE OF MARYLAND
County HJN 431	CERTIFICATE OF DEATH
	Registration Dist. No. 195.
Village or City (No	St.: Ward) (If death occurred in a hospital or institu
2 FULL NAME Mederical De	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wildowed. White Write the word)	16 DATE OF DEATH (Month) 6 (Day), 192
6 DATE OF BIRTH Nov 5th, 1905	17 1 HEREBY CERTIFY, That 1 attended the deceased from
(Month) (Day) (Year)	that I last saw h in alive on 192 30 C
7 AGE	
2 / yrs. 6 mos. // ds. or min.?	
A OCCUPATION	Shall automabile
(a) Trade, profession or particular kind of work	1 accident:
(b) General nature of industry	Died untantly.
business, or establishment in which employed or (employer)	(Duration) yre. most de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
TO NAME OF SINKOL	(Signed) J. Manhflipley M. D.
M II BIRTHPLACE	9 16 319. (Address) savay 8, Wh.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jantara To Charles ha	LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) But Duthe	Former or usual residence 3606 Limbard Lt., Baltilly
(Address) 36066 Kombay St.	Jostimore Md. May 18 19
Filed 5/18 1980 J. M. Lagritheriesse Registras	Tond Yaiser Laurel My
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia

atic), "Atrophy," "Collapse, "Coma, Convensions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely sýmptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY contributory.

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Nomenclature of the

is look over thoroughly and all questions

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tand cust be optained before the certificate is Committe Chronic etc. The contributory affection need valvular heart not be disease;

data is essential and answered in detail, it permanently filed, If this certificate is property classificate

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If more bianks are needed, addre s tate Registrar, 15 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise relationer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many """Deal-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The affection need not be Nomenclature of the contributory etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N.B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of carlificate. CORD MANENT MARGIN RESERVED FOR BINDING AINLY, WITH UNFADING INK--THIS IS A P. WRITE

V. S. No. 1

	PLACE OF DEATH	08114 STATE OF MARYLAND
	County Land	CERTIFICATE OF DEATH
		1944 Registration Dist. No. 193
- Caro	Village or City (No	St.: Ward) Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
lo und	4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. (Write the word)	16 DATE OF DEATH 192 , 1923 (Month) (Day) (Year)
5	6 DATE OF BIRTH Alan 27 1938	17 I HEREBY CERTIFY, That I attended the deceased from
5	(Month) (Day) (Year)	that I last saw halive on, 192,
	7 AGE [If LESS than	and that death occurred on the date stated above, atm.
	9 yrs. 3 mos. 22 ds. or min.?	The CAUSE OF DEATH * was as follows:
200	(a) Trade, profession or particular kind of work	They Indian
=]	(b) General nature of industry business, or establishment in	
3	which employed or (employer)	(Duration) yrs. mos. ds.
	9 BIRTHPLACE (State or country)	Contributory MA A A A A A A A A A A A A A A A A A A
	10 NAME OF SATISFIES	(Signed)
0	II BIRTHRIACE	1 1 1 2 9 1981 (Address) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
	(Informant) Harry Jumes	Former or usual residence
	(Address) Alganist III	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MULY 24, 1930
	15 Filed July 22 1920 M Martin	20 UNDERTAKER APPRESS
	If more banks are needed, addre.s State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealr," etc., report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the not be

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Every

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That Lattended the deceased from 6 DATE OF BIRTH (Day) (Month) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at. 1 day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 192 (Address) 11 BIRTHPLACE S OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether RENT (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME PA OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State. of death (State or Country) Where was disease contracted, if not at place of death?. usual residence. (Address 20 UNDERTAKER ADDRESS

If more blanks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicidc. The n-ture of the injury diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Warashus," etc., when a definite disease "Uraemia," "Weakness," etc., Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) affection need not be Example: Measles (disease

If this certificate is looked over thoroughly and all qu stions nnswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

N. B.

Village or City Elseridge (No. 2FULL NAME Hilliam Janis In	State OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 10 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCEO MUNICK (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH Remarks 315 , 1936 (Month) (Day) (Year)
F AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at 55.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Asharish Tracey Star	e Cerebral harmmortage
business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Carefral after schlary Secondary (Duration) yrs 2 mos. T. ds.
10 NAME OF FATHER John O'Illehman 11 BIRTHPLACE OF FATHER (State or country) Balta Country Trad.	(Signed)
of MOTHER Margaret Neaver	Accidental, Suicidal or Homicidal. 8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Morored Co MA,	At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
(Informant) A. Davil Tilghmen fr. (Address) Escribge Mil	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mehrille M. E. Learning fan 4, 19.3 () 20 INDERTAKER
Filed 3. 1921 Part Mallana Registrar	Harf + Stiffer Elbridge Me

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process of mine, etc. Wom-loborer, Form loborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, hou ehold only (not paid Housekeepers who receive a whatever, write None. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Streement of Cause of Death—Name, first, the DIS-EA. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospenal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. use of "Tumor" for malignant ncoplasms); Mcosles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." occident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary Chronic interstitial nephritis, approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Whooping cough; Examples: Accidental drowning; Struck by railwoy troin-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, or intercurrent) affection need have been important. Example: Measles (disease Chronic valvular heart diseose; etc. The contributory

If this certificate is looked over thoroughly and all quistions as were din detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is maniently filed.

6

PLACE OF DEATH	STATE OF MARYLAND
County Loward -	CERTIFICATE OF DEATH
County	Registration Dist. No. 19.0
VIIIage or City Cox Mage (No. Levering) 2 FULL NAME The Deery France	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nele Color or RACE Single, MARRIED, WIDOWED (Write the word)	16 DATE OF DEATH Thue 15 (Month) (Day) (Year)
O DATE OF BIRTH	that I last saw h. Mai. alive on Jhue 15 , 1950, and that death occurred on the date stated above, at 3 5 pm.
72 yrs. 6 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Washes Ton - PC.	Contributory Chile explicition Chronic ds.
10 NAME OF FATHER CLOS FORES 11 BIRTHPLACE OF FATHER (State or country) Un Casoww. 12 MAIDEN NAME OF MORY Jeudlas	(Signed) (Signed) (Address) (Address) (State the Dispass Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental.
13 BIRTHPLACE OF MOTHER (State or country) Workington De. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death for year, mos. Where was disease contracted, If not at place of death?
(loformant) This John Trone 13 -	Former or esual residence
(Address) Ear Regs - hed. Filed Line 1 6, 1913 0 0 Bud William REGISTERAR	20 UNDERTAKER DEUTE RESERVANT 20 UNDERTAKER DEUTE RESERVANT ADDRESS DEUTE RESERVANT ADDRES

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[Approved by U. S. Census and American Public Health Association.]

especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof the second statement. Never return "Laborer," "Foreman," "Manager," "Bealer." etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when peeded. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the angineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Doy lobover, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers write None Housemaid, etc. If the occupation has been changed -Coal mine, etc. Women at home, who are engaged in Statement of Occupation -- Precise statement of occupa-Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many cases, For persons who have no occupation whatever If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synopym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Turboid fever (never report "Typhoid pneumonia," Lohar pneumonia bronchapneumonia ("Pneumonia," Lohar pneumonia bronchapneumonia of lungs. menip-

genital," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvalur heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles. Whooping Example: Measles (disease causing death), 29 ds.; Bronmus, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Constate means or injury and qualify as surgical operation was undertaken. For violent deaths "Puenperal perilonilis," etc. cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-SUICIDAL, or nomicidal, or as probably such, if impossible and consequences (e. g., sepsis, tetanus) may be stated to determine definitely. Examples: Accidental drowning; under the head of "Contributory." suicide. The nature of the injury, as fracture of head-homicide; Poisoned by carbolic acid-probably Struck on statement of cause of death approved by Committee Nomenclature of the American Medical Association.) " "Old Age," "Shock," "Uraemia," "Weakness." or misearriage as "Coma," Always qualify all diseases resulting from childby roilway troin-occident; Revolver wound "Senile," etc.), The contributory (secondary or intercur-"Puenpenal septichaemia," "Dropsy," State cause for which (Recommendations "Exhaustion, ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fled.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PRYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT MARGIN RESERVED FOR BINDING AINLY, WITH UNFADING INK-THIS IS A P WRITE

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
41.121	Registration Dist. No. 193
Village or City Hyph Tiolew (No.	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Minerva R. Ju	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 (Month) (Day) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 1/1, 1858	1927 to 2 2 (, 1920,
(Month) (Day) (Year)	that I last saw h A alive on 2 7 7 6 19230,
7 AGE	and that death occurred on the date stated above, at 1 300 m.
7 2 yrs. / mos. 9 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	to l' stories Care
(a) Trade, profession or particular kind of work housewife	The state of the s
(b) General nature of industry	
husiness, or establishment in which employed or (employer)	(Duration) yts
9 BIRTHPLACE (State or country)	Contributory Myplandus Secondary December (Duration)
1 10 NAME OF	P P II - 2 1 2
FATHER Beph Towland	(Signed) M. D.
O 11 BIRTHPLACE OF FATHER	2/2 7 192 (Address) Doth or in doths from
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER CLASSIC	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
Comment Kow Land hunter	Former or usual residence
(Informant) Walley Children	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) July	Louder Tark 1/28/30
15 Filed 2.2 & 19230 Smilliment Registrar	Lond Laiser Laurel Md
If more bianks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart failure," "Iaemorrnage, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstilial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condicough; Chronic or intercurrent) Example: Measles (disease ," "Coma," "Convulsions, valvular heart affection etc. The contributory Nomenclature of the need not be disease;

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X	9	CTLY, PHYSI- ssified. Exact
OR BINDING	WRITE AINLY, WITH UNFADING INK-THIS IS A P MANENT CORD	BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING	FADING INKTHIS IS	be carefully supplied. / EATH in plain terms so Important. See instruc
MAR	AINLY, WITH UNI	Information should state CAUSE OF D
8. No. 1	WRITE	BEvery item of CIANS should statement of C

1 PLACE OF DEATH County Howard	STATE OF MARYLAND OUT 148 CERTIFICATE OF DEATH
Village or City alberton, No	Registration Dist. No. / /
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 , 192 , (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 , to , 192 , that I last saw h alive on , 192 , 192 ,
yrsds. If LESS than I dayhrs. ormin.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)
10 NAME OF FATHER SLO Zeuschman 11 BIRTHPLACE OF FATHER	(Signed) (Duration) (Duration) (Signed) (M. D. 1930 (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Cof FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Constant of the country	Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) and Ruselmany (Address) Reduction	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 7 10 3 0
Filed #1 23 1920 Elwal & Carry Registrate	20 UNDERTAKER ADDRESS Sep Truschman albutaghy

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dcalworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Compositor, Architect, Locomotive (b) Automobile factory. The material (6) Grocery; engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (Recommendations on statement of cause of or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. shopneumonia (secondary), stated unless important (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature Chronic Example: Measles (disease affection need not be etc. The valvular heart disease; contributory

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N. B..-Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI. CIAMS should state DAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD AINLY, WITH UNFADING INK--THIS IS A P'RMANENT MARGIN RESERVED WRITE

FOR BINDING

PLACE OF DEATH	13883 STATE OF MARYLAND CERTIFICATE OF DEATH
County County	Registration Dist. No. 190_
Willage or City Elfridge Mo. , Pull NAME Mary Turne	St: Ward) (If death occurred la a hospital or institu- tion, give its NAME in- etend of street and humber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Finale Color or RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH ROCCON	192 , ta , 192 .
(Month) (Day) (Year)	and that death occurred on the date stated above, at
about 65. mos. lf LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	of the Royaleton the server
(b) General nature of industry business, or establishment in which employed or (employer)	and frocker (Duration) yrs mos de.
9 RIRTHPLACE (State or country) Moryland.	Secondary, Secondary, Secondary, Surface Charles Selfpurition ctory Secondary Secondary
10 NAME OF PATHER	Bigned) BABRUS Fingh - M. D.
11 BIRTSPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Honicidal.
2 MAIDEN NAME OF MOTHER LANGE Chroderson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTUPLACE OF MOTHER (State or country)	At place of death yrs mos da. State, yrs mos de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informanticular of Manghan)	19 VICTOR BURIAL
(Address)	Home Burial 1627 180
Filed Note 27 1980 & Bird William Registrar	20-UNDERTAKER V Risler Lawrelow
of more blanks are needed, address State Registrar,	16 W. Saratega St., Balto., Requesting V. S No. 1.



(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Luborer," "Foreman," "Manager," "Dealwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the disease causine DEATH, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occ. pations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborer er," etc., without more precise specification as Day (a) Foremen. (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman. (7) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it it ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, appecially in industrial employments, it is neces-Civil engineer, Stationary premen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthfired 6 grs.). For persons who have no occupation Housemoid, etc. If the occupation has been changed usiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. The material But in many Wom-

Eta-cement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."

train-accident; Revolver wound of head-homicide; rhage." "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unges, peritonaeum, etc., Carvinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conso Potoned by carbolic acid-probably suicide. The na-Examples: Accidental decouning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicuemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemor-(secondary or intercurrent) affection need Chronic interstitial nephritis, etc.(name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) vulsions," Whooping cough; Chronic valvular heart disease; For "contributory." "Debility" ("Congenital," "Senile," etc.), VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal (Recommendations on state-The contributory (second-(merely

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V. S. No. 1

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Every item of information should be carefully supplied. ACE thould be stated EXACTLY, PHYSICIAN'S should state CAUSE OF DEATH in plain terms so that it may be properly objected. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE N. B.-

	PLACE OF DEATH County Howard Co	12520 STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Ellioth Cily (No 2FULL NAME Charles Vine	Registration Dist No. 191 St: Ward) (If death occurred in a hospit to relatitution, give its NAME 1. stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The second secon	Mule White Single (Write the word)	16 DATE OF DEATH Oct. 25 , 1930
	6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I had some being 1927 to Cent 23 , 193 0.
	(Month) (Day) (Year) 7 AGE If LESS than I day hrs. or min.? B OCCUPATION a) Trade, profession or	and that death occurred on the date stated above, at 1/130 Am. The CAUSE OF DEATH * was as follows: Circle of Muccinhog &
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER aclo Vincentr 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 14 P.		Contributory Gracult Cares Secondary Contributory Gracult Cares Secondary Contributory Gracult Cares Secondary Purstion Syrs 198 M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place 2 In the
And the same of th	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E Colorfoli	of death Jyrs
	(Address 1 Mains ar Balls Filed Beh 25 1930 W/8 fines Registrar	New Cathedral Com Och 28, 1930. 20 UNDERJAKER ADDRESS Pauf St. 16 W. Saratora St. Balton Forquesting V.S. Do. 1.
11	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocer," etc., without more previous of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Civil engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, Never return "Taborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. work, Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on man, (b) Automobile factory. The materia specifically the occupations of persons enwho are engaged in the duties of the Stationary fireman, etc. But in For persons who have no occupation Architect, Locomolire engincer, many

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respecto time and causation), using always the same accepted term for the same disease. Examples: Cerebrophial fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup", Typhoid fever (never report "Typhoid Pneumonia,") Lobar pneumonia, Branchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease "PUERPERAL septicucmia," "PUERPERAL perilonilis, diseases "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Broncholmeumonia (secondary), (secondary Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver awand of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by ruitway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as or intercurrent) Chronic valvular heart disease; etc. The affection Nomenclature need contributory etc., of

If this certificate is looked over thoroughly and all questions cansvered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MANENT MARGIN RESERVED FOR BINDING AINLY, WITH UNFADING INK--THIS IS A

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
V 1- Taget control of the control of	Registration Dist. No. 192
11/1/1	
Village or City Constant (No.	St: Ward) a hospital or institu-
12/11/11/11/11	tion, give its NAME is stead of street and
2FULL NAME A MO CO CO	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE 5 SINGLE,	16 DATE OF DEATH
WIDSWED!	Sept. 19, 19230
Mule Wills ORKHOOLES (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
09. 63, 1883	mens 19 1920. to Dept 19, 1920,
(Month) (Day) (Year)	that I last saw h malive on 1920,
7 AGE [If LESS than	
7/ // 27 day hrs.	The CAUSE OF DEATH * was as follows:
/ O yrs. / O mos. O ds. or min.?	
B OCCUPATION (a) Trade, profession or	Carcinama of Sumaen
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) Mpsnown, do.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
Hungary	(Duration)de,
O NAME OF FATHER	(Signed) (Signed) M. D.
11 BIRTHPLACE	9 21 1923 (Address) Ellestich, Sax
(0)	*State the Disrase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
C State or country Clegary	Accidental, Suicidal or Homicidal.
of MOTHER MADE TILLIA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of death
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
THE ABOVE IS TRUE TO THE BEST OF MILE AND ALLES	Former or
(Informant) Mis. When Wall	usual residence
and Hord stack Till	18 PLACE OF BURIAL OR REMOVED DATE OF BURIAL
(Address)	1 Charlow Salar Supp. L. O. 19 38
15 Filed Sept 21 130 Celul F Causter	20 UNDERTAKER AND ANDRESS . ALL
Registrar	Caston sons Ollical City
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISPASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons enor At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on be used only when needed. As examples: (a) Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Inanition," "Heart failure, Haemorrhage, "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, tions, such as "Asthenia," "Anaemia" (merely symptom Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

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V. S. No. 1

	1	HYSI- Exact
	CORD	LEXACTLY, P
SALASIA	WRITE AINLY, WITH UNFADING INKTHIS IS A P MANENT CORD	N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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MANAGER MEDELINED TON DINGHAM	INKTHIS	ly supplied fain terms
1	FADING 1	be careful EATH in p
11111	WITH UN	ion should AUSE OF D
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	WRITE	CIANS shoul
	1	m Z

PLACE OF DEATH	USI15 STATE OF MARYLAND
County Harand	CERTIFICATE OF DEATH
(1)	Registration Dist. No. 194
Village or City Sterilly (No	St.: Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SSINGLE, MARRIED, MUSiced WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH July 36 , 1996 (Month) (Day) (Year)	that I last saw h. 2. alive on factly 1. 1930.
7 AGE 32 yrs. 1 mos. 15 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Carlinoria
business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER MM Maller	(Signed) (Ouration) STS mos ds. (Signed) (M. C. C. C. M. D. (M. D. C. C. C. M. M. D. (May 16 1970 (Address) (14 1 Ps / Cl. M.)
OF FATHER (State or country) 12 MAIDEN NAME (12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant)	if not at place of death? Former or usual residence
(Address) Ducit City (1)	Date of Burial Or REMOVAL Date of Burial Date of Burial Date of Burial Appress Appress
Filed Registrar If more blanks are needed, address State Registrar	Caston Son Ellelott lety r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of ." etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Locomotive (6) engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicidc; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicacnia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify al "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traindiseases causing death), 29 ds.; L. (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. affection need valvular The contributory heart disease; not be

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County Howard County Certificate Of DEATH Registration Dist. No. 191	1PLACE OF DEATH	0542 STATE OF MARYLAND
Village or City Ellectoth (No. Delimbra Perber St.: Ward) (If death occurred in institution, give its NAME institution, give institution, give its NAME inst	2/	CERTIFICATE OF DEATH
Village or City Ellectric (No. Columbra Peter St.; Ward) (If death occurred in hospitul ex institute the state of learned in hospitul extended in hospitul e	County	Registration Dist No. 191
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MARRI	B. L. /116	Umbra Pike St.: Ward) (If death occurred in a hospital or institution, give Its NAME Instead of street and
15 SEX 4 COLOR OR RACE MARRIES WHOWED, WIDOWED, CROWNED, Widowed, Write the word Final White the word 17 I HEREBY CERTIFY, That Intended the decessed from (Month) (Day) (Year) 18 LESS than I day hrs. AGE IFLESS than I day hrs. GOCCUPATION (a) I rade, profession or patricular kind of work (b) General nature of industry business, or establishment in which employed or (employed) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 DIRTHPLACE (State or country) 12 MADEN NAME OF FATHER (State or country) 13 DISTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) LATHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) LATHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) LONG PRICE (Informant) (In		MEDICAL CERTIFICATE OF DEATH
Final White Whole CR DIVORCE (Write the word) Final White CR DIVORCE (Write the word) Formall White CR DIVORCE (Write the word) Formall (Month) (Day) (Year) Thereby CERTIFY, That I attended the decessed from the final part of the construction of the date stated above, at the I less was here as follows: Formally (Nonth) (Day) (Year) Thereby CERTIFY, That I attended the decessed from the final part of the date stated above, at the I less was here as follows: The CAUSE OF DEATH was as follows: Formally 1930, the I lest saw here as follows: The CAUSE OF DEATH was as follows: Formally 1930, the I lest saw here as follows: The CAUSE OF DEATH was as follows: Formally 1930, the I lest saw here as follows: Formally 1930, the I lest saw	S CEY A COLOR OF BACE 5 SINGLE.	16 DATE OF DEATH
AGE Comparison Comparison Comparison Comparison Contributory Contrib	F. MARRIED, WIDOWED. OR DIVORCED Songle	(Month) (Day) (Year)
TAGE State or country Temperature Te		
Contributory Cont	0 61.	
The Cause of Death * was as follows: State of Country State of C		that I last saw h la slive on 102
Signed Direction of particular kind of work (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MADDEN NAME OF GOF-MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (7 AGE [If LESS tha	and that death occurred on the date stated above, at
GOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) MANY CONTRIBUTION TO NAME OF FATHER OF FATHER (State or country) Tomesee OF FATHER (State or country) Tomesee OF MOTHER (State or country) Secondary Signed) Alpha Mens of Injury and (2) whether Accidental, Suicidal or Homicidal. BERTHPLACE OF MOTHER (State or country) Tomesee (Informant) (Address) Lamber To The BEST OF MY KNOWLEDGE (Informant) (Informant		
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business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF-MOTHER OF-MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) (Informant) (Address) (Informant) (
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		15 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., with laborer, state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farrer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, work, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer. Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yr.s). (b) Cotton mill; (a) Salesman. (b) Groccry; man, (b) Automobile factory. The material without more precise specification as Day Compositor, Architect, For persons who have no occupation Laborer--Coul mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fewer (the only definite synonym is "Epidemic cerebros"; spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

5

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemio," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsas, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: A ceidental drowning; Struck by railway train-FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condicough; Chronic valvular heart Nomenclature disease;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

County Howard 101-a	CERTIFICATE OF DEATH Registration Dist. No
Village or City Fleiffere Corners. 2 FULL NAME Worothy Elizabeth ?	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White. Single, Widowed Or Divorced (Write the word) 16 DATE OF BIRTH	(Month) (Day), 1923 (Rear) (Year) EREDY CERTIFY, That I attended the deceased from
December 8, 1887. that I last s	
7 AGE If LESS than	of BEATH % was a tollows:
particular kind of work. ADM. (b) General nature of industry business, or establishment in which employed or (employer) 9 HURTHPLACE (State or country) Contribut Second.	
10 NAME OF Scorge H Wehland. (Signed)	the Disease Causing Death, or, in deaths from auses, state (1) Means of Injury; and (2) whether I, Sulcidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 18 LENGTH ients, or R At place of deathy	OF RESIDENCE (For Hospitals, Institutions, Trans- tecent Residents) in the State,yrsmosda.
Where was dise if not at place of former or usual residence. (Address) Where was dise if not at place of Former or usual residence. (Address) Where was dise if not at place of Former or usual residence.	f death?
Filed Filed 1934 Kalwak andly 200 NDERT. Acting total Registrar Ma U more blanks are needed, address State Registrar, 16 W. Sarato	ARER PHAN Ellicott Cothy ga St., Balto., Requestion V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the Spinner, (b) Cotton mill, (a) Salesman, (b) Evocery; chould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeeper's who receive a Never return "Laborer," "Foreman," "Manager," "Dealployed, as At school or At home. (are should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from or given up on account of the disease causing Death, gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons enwhatever, write None. ured 6 yrs.). For persons who have no occupation 1 :siness, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day But

Exacement of Cause of Death—Name, first, the Distage Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhold fever (never report "Typhold pneumonia."

ment of cause of death approved by Committee on conditions, such as "Asthenia," "Anaemia" (mereig ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measter; inges, peritonarum, etc., Carothoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men "Dropsy," "Exhaustion," "Heart failure," "Haemor symptomatic), "Atrophy," "Coliapse," "Coma," "Con-(secondary or intercurrent) affection need Whooping cough; Chronic valvular "Puerperal sopticaemia," "Puerperal peritonitie," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness." etc., when a definite disease vulsions." Nomenciature of the American Medical Association.) head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under--accident: Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MICANS OF INJURY "Insultion." "Marasmus," "Old Age," "Shock." "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway (Recommendations on state-Example: Meastes (disease heart disease; (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

PLACE OF DEATH	06796 STATE OF MARYLAND
County Howard	(18-2) CERTIFICATE OF DEATH
0.00	Registration Dist. No. 195
Village or City fulford (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME ACCIONED JUNE O	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Single, Marriel Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month), 19230. (Month) (Day) (Year)
G DATE OF BIRTH Hel 7th, 1852	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw httpalive on
78 yrs 4 mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or housewife,	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary Carellel Deletetor
10 NAME OF SARK Recel	(Signed) The Man D.
State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Woyle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) German Fr. Michland	Former or usual residence
(Address) Guilford Mal.	Julion Ma June 12 th 1930
Filed 6/11/30 192 D. W. Littlicens	Loyd Caise Laurel My.
If more blanks are needed, address State Registrar	, 16 W. Sayatoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more present anine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman,: (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return" Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condicough; Chronic etc. valvular heart disease; The contributory Always qualify all

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RESERVED MARGIN

UNFADING INK-THIS IS

LAINLY, WITH

S No. 1.

RECORD

PERMANENT

PHYSICIANS should state of OCCUPATION is very statement stated EXACTLY. properly classified. should AGE carefully supplied. of certificate. See instructions on back terms. DEATH in plain of information CAUSE OF Important. B.

1 PLACE OF DEATH

County...

10505

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. /4/

Village or City Ellies (No. (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME & Slew 6.	Alhalen
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, WIDDWED, WIDDWED, OPRIVATED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH July 3 (F65)	that Plast saw have alive on 197
7 AGE 11 LESS than 1 day,hrs.	and that death occurred on the date stated above, a f. 45 0 mi
B OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, husiness, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Heuritus Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Duralion) yrs mos os (Signed) (Address) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicipal.
of Mother Sunstil nomin 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE ISTRUETO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, tt not at place of death? Former or usual residence.
(Address) Allesty - AT On	Vew Dathers Cem with 2,1900

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal statement. Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

mus," cause of death approved by Committee on Nomencla-"Contributory." Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping eough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viodent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The coutributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.-Every Item Ozniformation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD AINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING RESERVED FOR MARGIN WRITE

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
4	74-00
To Colin	Registration Dist. No.
Village or City Near Columbia (No.	St.: Ward) (If death occurred in a hospital or institu-
7211. 7	tion, give its NAME it -
2FULL NAME (1) Man Tran	icis Whiths . staad of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH + et / 2 1000
male white or divorces married	199-0
(Write the word)	(Month) /2 (Day) /23 OYear)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the deceased from
Tebruary 13 7. 1853	
(Month) (Day) (Year)	that I last saw he alive on 701 / 2 1920
7 AGE [If LESS than	and that death occurred on the date stated above, at Am.
7/1 // 4 (day hrs.	The CAUSE OF DEATH * was as follows;
/ yrs. // mos. ds. or min.?	
B OCCUPATION (a) Trade, profession or	(De tral HEmmilinger
particular kind of work	Rl- Hompstlein
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs
9 BIRTHPLACE	Contributory Secondary
(State or country)	
10 NAME OF	Durstion) yrs mos ds.
FATHER Samuel J. Whishal	(Signed) M, D.
II BIRTHPLACE	+11/7 1920 (Address) Ellet US my
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
TI MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Sarah Hooker.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ienta or Recent Residents) At place In the
OF MOTHER (State or Country)	At place of deathyrsmos,ds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
m > 1.11. 7 2.11.1	Former or
(Informant) / In William & Whiths	usual residence
ellit fit hi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) [] (Addr	St Johns Cemelery. Tet 15th, 1930
15 Filed Kely 14 19230 WIN Fissell	20 UNDERTAKER ADDRESS
Registrar	Mary Sterry Ellist City
If more branks are needed, address State Registrar	, 16 W. Saratoga Sv., Balto., Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement borer, Farm laborer, Laborer—Coal minc, etc. Wom-For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

approved by Committee on Nomenclature of the American Medical Association.) "telanus) may be stated under the head of "contributory." stated unless important. (Recommendations on statement of cause of death diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Enhaustion," "Heart laurue, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Taemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; taken. FOR VIOLENT DEATHS state MEANS OF INJULY Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

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stated EXACTLY, I properly classified of certificate. po it may be should should be carefully supplied.

SE OF DEATH in plain terms so that if of information d state Every item of I CIANS should statement of OC

	County / Fr	vain		*. <i>u</i>
/il	lage or City Me	chlau	/ (No	
* .	2FULL NAM	E		Muis
	PERSONAL ANI	D STATIST		ULARS
In	Known Colo	OR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCE (Write the wor	migle
	ATE OF BIRTH	/		
		(Month)	(Day)	1930 (Year)
A		esses in	plen mos.	If LESS than I day hrs. or min.?
P	a) Trade, profession of articular kind of wor b) General nature of usiness, or establishm which employed or (em	industry ent in		
E	(State or country)	mo	1	
	10 NAME OF FATHER	ris s.	While	
2	11 BIRTHPLACE OF FATHER (State or country)	ma	/	
N N N N N	12 MAIDEN NAME OF MOTHER	Irla VI	Frmeh	me
	13 BIRTHPLACE OF MOTHER (State or Country)	ma	1	
		TO THE DECK	OF MY KNOW	LEDGE .
4	THE ABOVE IS TRUE	TO THE BEST		
4	(Informant)	TO THE BEST		

10506

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

MEDICAL CERTIFICATE OF DEATH

(If denth occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

16 DATE OF DEATH	1- 18-, 1930
(Mon	th) (Pay) (Year)
	nat I attended the deceased from
192 to	, 192
that I last saw halive on	, 192
and that death occurred on the day	te stated above, atn
The CAUSE OF DEATH * was as fo	ilows:
2	· · · · · · · · · · · · · · · · · · ·
Mother had meke	Thage a for my
mrs. Chamination	hoved part of pla-
centa protryeding	
was not yound.	on)visinosd
Contributory Secondary	**************************************
(Durgi	ion)yrsmosd
(Signed) 11/1/26	usel M.
Apr 18 1920 (Addiess)	Sezhland
*State the Disease Causing Violent Causes, state (1) Mean Accidental, Suicidal or Homicidal.	Death, or, in deaths from s of injury and (2) Whether
18 LENGTH OF RESIDENCE (Fo	r Hospitais, Institutions, Tran
ients or Recent Residents)	In the
At place of deathyrsmosds.	Stateyrsmos
Where was disease contracted, if not at place of dea.h?	000000000000000000000000000000000000000
Former or usual residence	
19 PLACE OF BURIAL OR REMOVA	L DATE OF BURIAL
	, 19
20 UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EAS: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (c. g., sepsis, earbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH County Howard	13884 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
ncare.	Village or City Elli-Sor (No	St.: Ward) St.: Ward) A Wilhelm (If death occurred in a hospital or institution, give its NAME instead of street and number.)
100	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 90 12 , 1930
	© DATE OF BIRTH Dec 25 , 1979 (Month) (Day) (Year)	that I last saw have alive on Acres 12, 1930
i structi	7 AGE Sthan Star Strain Strain	and that death occurred on the date stated above, at 10.00 m. The CAUSE OF DEATH * was as follows:
lam.	(a) Trade, profession or particular kind of work particular kind of work particular kind of work phusiness, or establishment in the Stock yas which employed or (employer)	(Duration) yrs. 8 mos. ds.
s very impo	9 BIRTHPLACE (State or country) Ballimone City Wd 10 NAME OF FATHER Thomas Wilhelm 11 BIRTHPLACE	Contributory Secondary (Durstion) (Signed) (Signed) (Signed) (Address) (Address)
	OF FATHER (State or country) Boltmore Wood 12 MAIDEN NAME OF MOTHER CHARACTER Reall.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Salturione And	ients or Recent Residents) At place In the of deathyrsmosds, Where was disease contracted,
10 1116	(Informant) Mars Charlotte E. Wilh	if not at place of death? Former or usual residence.
ateme	(Address) Schridge my be	Loudon Vark Centery Nov 15, 19 30
19	15 File Nov. 12. 1930 & Bid Williams	Levy Manuacock & Son 4 204 Vidgewood On
	If more branks are needed, address State Registran	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired work, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, the Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH; en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, 20 especially in industrial employments, it is neces-For many occupations a single word or term on yrs). At Home, and children, (b) Automobile factory. The material For persons who have no occupation not gainfully em-Grocery, 107

Statement of Gause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospaul, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

Capproved (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death Letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, by Committee on Nomenclature Chronic valvular heart disease; etc. The contributory

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Instructions

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No

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH

(If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and number.)

DORES

16 DATE OF DEATH	t	0	192	
URU (Mont)	h) / (1		3(Aur).	
17 Wareh 26 1923 to	at I stronde	d the des	ased fro	O I
that I last saw humalive on L	april	74	, 19 2	3
and that death occurred on the date	stated abou	ve, at 8	a.	m
The CAUSE OF DEATH * was as foll	ows:	0	0	
Haemurhay	10	reli		••
	A	o co 0 co 0 iumbarra 00g gas c		
Duration (Duration	11:3	moi	14	ds
Contributory	rua	2 mm		- Opin
Hypertension (Duration	7	?	7	dı
(Signed) Juans	the	plen	1. M.	D
4 / 1/50 (Address)	favey	12. W	21.	
*State the I is ase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, of Injury	in death and (2)	s from Whether	
10 LINGTH OF RISIDENCE (For ients or Recent Residents)	Hospitals,	Institutio	ns, Trai	31
At place of deathyrsmosds,	In the State	yrsn	108	dı
Where was disease contracted, if not at place of dea h?		***************************************		-
Former or usual residence			9	
			-	

If more banks are needed, addre a Ltate Negistrar, 16 W. Saratoga St., Balto., Nequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

"(E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease. st_ted unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, acaident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondar/ or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHY CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exstatement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT MARGIN RESERVED FOR BINDING AINLY, WITH UNFADING INK-THIS IS A WRITE

V. S. No. 1

PLACE OF DEATH	99354 STATE OF MARYLAND
County ATMAN	CERTIFICATE OF DEATH
	Registration Dist. No. 194
Village or City SunfamuellaNo. 2FULL NAME Williams Sensy	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
13 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED MASSINGLE (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw here alive on acceptation, 1920,
bout 60 yrs. mos. ds. lf LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 8 a. m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Arbeiral Sclemans
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) When the state of the stat	(Signed)
12 MAIDEN NAME OF MOTHER Elizabeth Velliams 13 BIRTHPLACE OF MOTHER (State or Country) Virginia	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmos,ds.
(Informace) PRS, Martha (1.E. Helle (Address) Suit Sourille MA	Former or usual residence. 19 MAGE OF BURIAL OF REMOVALLY. DATE OF BURIAL 19 MAGE OF BURIAL OF REMOVALLY. DATE OF BURIAL 19 MAGE OF BURIAL OF REMOVALLY. DATE OF BURIAL 19 MAGE OF BURIAL OF REMOVALLY. DATE OF BURIAL
15 Filed aug 24 1980 & a Suchelle	20 UN DERTAKER SOUS. APPRASS Caston Sous. Ellisad City 15 W. Sharter St. Bullo Bequesting V. S. De. 1.
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm loborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesaum. (b) Groccy; (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, " etc., first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation Stotionary fireman, etc. Locomotive engineer, But in many

Streement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." diseases resulting from ehildbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," eausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi Chronicetc. valvular heart disease; Nomenclature of the The contributory Measles ;

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ANENT MARGIN RESERVED FOR BINDING

f. S. No. 1

N. B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI- y CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NLY, WITH UNFADING INK---THIS IS A PH WRITE P

PLACE OF DEATH County Asward Village or City Ellicott City (No	O1773 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 99 Mental Color State of Maryland occurred in a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH Thrus, 1930 (Month) (Day) (Year) 17 i HEREBY CERTIFY, That i attended the deceased from 1925, to 7 1925, to 1
Jyrs. O mos. de or O min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	The CAUSE OF DEATH * was as follows:
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER William Williams 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Maryland (State or country) Maryland	Contributory Secondary (Duration) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (A
(Informant) Un Williams (Address) Ellust cit Filed Lly/2 193° W/d Liscel Registral	Where was disease contracted, if not at place of death? Former or usual residence. PATE OF BURIAL OR REMOVAL JACE OF BURIAL OR REMOVAL OR REMOVAL JACE OF BURIAL OR REMOVAL OR REM
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," etc.. without more, Laborer—Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and cases, especially in industrial employments, it is neces-Civil engineer. the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook; to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Neverreturn 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Statement of Oceupation-Precise statement of ocworked on may form part of the second statement Physician, Foremen, For many occupations a single word or term on (b) Cotton mill; (a) without more precise specification as Day Compositor, For persons who have no occupation 6 Stationary froman, etc. But in many Automobile factory. Architect, Salesman, (v)

Longitum The material Locomotive engineer, also (b) the

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Exhaustion," "Marasmus," "Old Age, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicacmia," "PUERPERAL peritonitis," "Urnemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (secondary Whooping cough; Chronic Chronic interstilial nephrilis, use of "Tumor" for malignant neoplasms); Measles; ingas, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid augualified, is indefinite; Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases causing death), 29 ds.; Bronchopneumonia (secondary), (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) approved by Committee on Nomenclature "Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from ehildbirth or miscarriage as or intercurrent) affection need Example: Measles (disease "," "Coma," "Convulsions, etc. The contributory not

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V. S. No. 1

	PLACE OF DEATH	03060 STATE OF MARYLAND
	County Howard	CERTIFICATE OF DEATH
	0 110	Registration Dist. No. 191
5	Village or City Chaud No.	St: Ward) (If death occurred in a hospital or institu-
certificate	2FULL NAME JOHN (!)	tion, give its NAME II - stead of street and number.)
cert	PERSONAL AND STATISTICAL PARTYCULARS	MEDICAL CERTIFICATE OF DEATH
back of	3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDGWEDOWN OR DIVORCED (Write the word)	16 DATE OF DEATH May, 10, 192 30 (Month) (Day) (Year)
s on b	6 DATE OF BIRTH ROLL, 20 191	I HEREBY CERTIFY, That I attended the deceased from
lon	(Month) (Day) (Year)	that I last saw halive on, 192,
uot	7 AGE If LESS than	and that death occurred on the date stated above, at 5 .m.
nstr	yrs	The CAUSE OF DEATH * was as follows:
nt. See instruction	8 OCCUPATION (a) Trade, profession or particular kind of work	Tubrever Laryng tus
	(b) General nature of industry	
tan	business, or establishment in Which employed or (employer)	(Duretion)de.
important	9 BIRTHPLACE (State or country)	Contributory Secondary
1	I 10 NAME OF	(Murstion) yrs mos de.
s very	FATTO harles Willis	(Signed) N. D. M. D.
2	OF FATHER Z (State or county) MUSSES	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
OCCUPATIO	12 MAIDEN NAME OF MATHER A PORCE OF MATHER A PORCE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
SUP	13 BIRTHPLACE	ients or Recent Residents) At place In the
00	OF MOTHER (State or Country) Country C	of death
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
ent	(Informant Mrs Ohn Willes	Former or usual residence
statement of	(Address) Elliead Bit MAS	19 PLACE OF BURIAL OR REMOVAL PRATE OF BURIAL
ste	Filed Mar 11 1930 Will Kinsell	20 UNDERTAKER Sound Soun
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more present of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Civil engineer, or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, Or For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material At Home, and children, not gainfully em-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature cough; Chronic valvular heart disease; etc. The contributory Measles,

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

BI-WRITE PL.

V. S. Mo. 1 ź

STATE OF MANTEAND CENTILICATE OF DEATH	STATE OF	MARYLAND—CERTIFICATE OF DEATH	1510
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1. PLACE OF DEATH		(nea)	
County Toward.		Registration Dist. No. 1 1	2
Village or City Glenely.	No	St.,_	Ward
Length of residence in city-or town where death occ		hospital or institution, give its NAME instead of street an long in U.S. if of foreign birth?yrs	
2. FULL NAME CLOSET	Wright.		
(a) Residence: No.	St.	Ward.	
(U	sual place of abode)	If nonresident give city or town a	
PERSONAL AND STATISTICAL		EDICAL CERTIFICATE OF DEATH	
Male White 9	GLE, MARRIED, WIDOWED, DAVORCED (write the word)	F DEATH LLC 1 26 (Day)	, 193 3 (Year)
is. If married, widowed, or divorced HUSBAND of (or) WIFE of	et Wright about !	HEREBY CERTIFY, That I attend	ed deceased from
DATE OF BIRTH (month devan velt)	1/2 18B9 last sew have	alive on Dec 2 6 , 19 2	; death is said
AGE Years Months		on the dete stated above, at 12 2 2 m.	
7/ 4/1/	ormin. The PRINCIPAL of were as follows:	CAUSE OF DEATH and related causes of importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ruer mur	melent at up	
9. Industry or business in which work was done, as SILK MHLL SAW MILL, BANK, etc.	"Mill.		
10. Oate deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation		
BIRTHPLACE (city or town)	· ity	Theretates of importance:	
13. NAME Reph //	Wreght.	oth brancho - "d lobor proums	- 12e 20
14. BIRTHPLACE (city or town)		nOate of ed diagnosis? Was there a	
15. MAIDEN PAMEL MI Velte		e to external causes (VIOL ENCE) fill in also the follow	
16. BIRTHPLACE (city or lown)	Accident, suicide,	or homicide? Dete of injury	
INFORMANT SS Florence (Address)	Where did injury Specify whether i	occur?(Specify city or town, county and S njury occurred in INDUSTRY, in HOME, or In PUBLIC	otate) PLACE.
8. BURIAL PIACE OF REMOVAL PLACE PLA	/U.F. / 7 3A		
9. UNDERTAKER Gastow Sor		injury In any way related to occupation of deceased?	101
20. FILED Dec 28, 130 Mrs a	lice Helb (Signed)	1 1 1 1 1 1 1 1	M. D

is are needed, address State Kegistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

10

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JAN 5 131	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BURBAUV	B. !		
Other contributory causes of importance:			Other contributory causes of importance:	
Gollstones		Moy 1,1923	Gostroenteritis	1 year
				1724

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	STATE OF MARYLAND		
County Howard	0543 CERTIFICATE OF DEATH		
County	-16-101		
0 00	Registration Dist. No.		
Village or City Educate Coloro.	St.: Ward) (If death occurred in a hospital or institu-		
2FULL NAME Hattlie Go	tion, give its NAME is stend of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH		
Female Colored (Write the word)	19220		
6 DATE OF BIRTH	(Month) (Day) (Year)		
1 1 and of the order	June / 1929 to / 2 2/ 19230		
(Month) (Day) (Year)	that I last saw h halive or 21, 1924		
I day hrs	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:		
5 9yrs. mos. ds. or min.			
occupation (a) Trade, profession or	Chrone Andocardely		
(a) Trade, profession or particular kind of work	A service of the serv		
(b) General nature of industry			
business, or establishment in which employed or (employer)	(Duration)yrs mosds,		
9 BIRTHPLACE	Contributory		
(State or country) Rec	(Duration) yrs mos ds.		
10 NAME OF	(// X / //		
FATHER MATTER	(Signed) M.D.		
0 11 BIRTHPLACE OF FATHER	(Address)		
(State or country) leulenown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether		
T. 12 MAIDEN NAME	Accidental, Suicidal or Homicidal. 10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
a Mulanuvu	ients or Recent Residents)		
13 BIRTHPLACE OF MOTHER	At place in the first was mos. ds. State was mos. ds.		
(State or Country) Character	of deathmosds. Stateyrsmosds. Where was disease contracted,		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?		
(Informant) Owky Wound	usual residence		
1000 24 0170.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address) (lucoll billy	Western Star Chyston Jan 26, 1930		
15 Filed Jany 28 1930 10/1 Leceste	20 UNDERTAKER ADDRESS		
Filed Jan 1920 10/4 Victoria	A the entrollow & Elevent Ten 201		
If more blanks are needed, address Ltate Negistra	ir, 16 W. Sarat a St., Balto., Requesting V. S. No. 1.		

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